

Catawba County Community Assessment 2004



*“A wise man ought to realize that health is his most valuable possession and learn how to treat his illnesses by his own judgment.”
Hippocrates*

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EXECUTIVE SUMMARY



Executive Summary

Community Health Assessment

North Carolina's commitment to allowing and encouraging local decision-making and policy development among its 100 counties is not a new concept. Empowering the local community to take ownership for addressing specific issues facing them and developing solutions that best meets the community's need often results in the development of successful and innovative approaches. North Carolina counties make decisions about a variety of services that are offered to their residents based on the local need and interest of that particular community. Health Departments, Social Services, Mental Health Services, and School Systems are all able to exercise a certain level of discretion as to what services will be offered to the residents in a specific county. Therefore, when North Carolina announced the Healthy Carolinians concept in 1991-92, the idea was widely accepted. Healthy Carolinians is a statewide network of local partnerships that work toward achieving the Healthy Carolinians 2010 objectives. These objectives are derived from the Healthy People 2010 national objectives. Healthy Carolinians is driven and led by the energy and vision of local partnerships and facilitated by the Office of Healthy Carolinians in the Department of Health and Human Services. The Governor's Task Force provides governance and oversight for Healthy Carolinians. As of October 2001, 65 counties had certified Healthy Carolinians partnerships.

To achieve the vision of creating true partnerships in each county, Healthy Carolinians groups needed a "voice" that was representative of the beliefs, attitudes, and behaviors of all the people who live in each county. The Community Health Assessment (CHA) was developed as a method and process by which to achieve that "voice". The CHA is a process by which community members gain an understanding of the health, concerns, and health care systems of the community by identifying, collecting, analyzing, and disseminating information on community issues, strengths, resources, and needs. The CHA can provide the basis for discussion and action to improve the lives of residents within a community, provide knowledge about the state of the community's health, and create an environment for change.

The successes of Healthy Carolinians partnerships in educating the community about key health issues, mobilizing the citizens and decision-makers to advocate and initiate change, and coordinating a multi-organization plan targeted toward an identified need/issue is evident among the 65 North Carolina partnerships. The CHA process and document plays an essential role in providing the data and information as the basis on which to base these successes. The role of the CHA is so integral that, in 2002, NC Department of Health and Human Resources began requiring each local health department to conduct a CHA every 4 years, submit a CHA Report document, and develop a Community Action Plan (CAP). The CHA Report should: 1) describe the county's CHA process; 2) compare key local data to state, national and or regional data; 3) report community opinions and input about important health issues; and 4) identify the health or health related issues of highest priority that require the most immediate action. Once the high priority areas are identified, the CAP describes the long and short-term goals for each priority area, along with specific strategies to achieve the goals. During the 3 interim years, each local health department must review the most current health data and prepare a "state of the county" health report card.

Purpose

For the past two years, the Catawba County Health Department has reviewed the health status indicator data provided by the North Carolina State Center for Health Statistics, North Carolina Department of Health and Human Services, Cecil G. Sheps Center at UNC-Chapel Hill, and Healthy Carolinians 2010 objectives. From this data, a “report card” which shows how Catawba County compares to the State and to 2010 objectives for selected health indicators was prepared and shared with the Board of Health and other community groups. The report card was used to heighten awareness of the health issues affecting the citizens of Catawba County by summarizing important health indicators related to illness, death, and high-risk behaviors. A Community Health Assessment offers the opportunity to not only review county specific health data but to better hear and understand what issues are directly affecting the lives of citizens.

The purpose of conducting a Community Health Assessment in Catawba County and developing this CHA document is to:

- Solicit community input about the seriousness of a variety of health or health related issues facing Catawba County;
- Solicit community input about how adequately a variety of health or health related issues are being addressed;
- Educate the community about health data and the survey respondents and other’s opinions about a variety of health or health related issues and how these issues are being addressed;
- Initiate discussion about significant health data and issues important to the community;
- Introduce the Healthy Carolinians concept to the community; and
- Provide the foundation on which to initiate a Healthy Carolinians partnership in Catawba County.

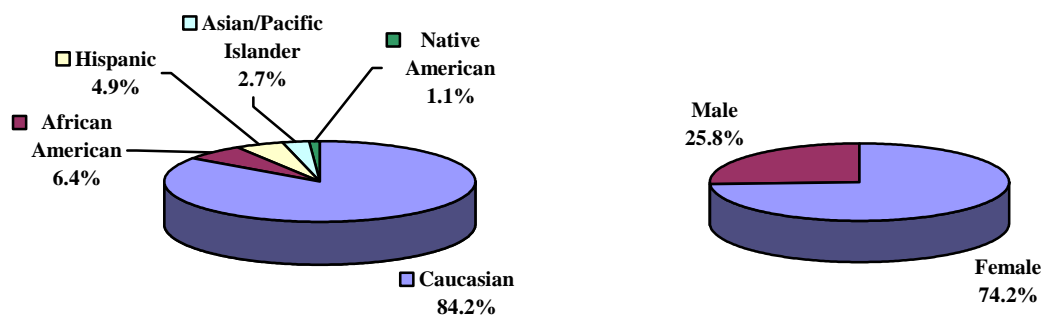
Process

The Community Health Assessment began with forming a steering committee of key health and human service organizations including Catawba Valley Medical Center, Frye Regional Medical Center, Catawba County Department of Social Services, Mental Health Services of Catawba County and the Catawba County Health Department. The steering committee was charged with the following tasks:

- Developing a survey tool to collect information from individuals in the community concerning their opinions about the seriousness of health and health related issues and how adequately these issues are being addressed;
- Collecting and reviewing health data and statistics;
- Distributing and collecting community health assessment surveys;
- Identifying underrepresented populations and ensuring these populations were targeted with surveys;
- Identifying resources and strategies currently being utilized to address health and health related issues in Catawba County; and
- Providing guidance about and approval of the CHA document format.

The steering committee met in late June, 2003 to begin the CHA process. Quickly realizing that each organization had limited time and staff resources to commit to the CHA process, the committee decided to base the majority of the CHA on existing secondary health data. In addition, the committee requested and received permission to modify an existing survey used successfully in the Cabarrus County CHA to create primary data for Catawba County. Survey questions were designed to ask the respondent the seriousness of the issue, as well as how adequately the individual felt that particular issue was being addressed within the community. A Likert scale measures the extent to which a person agrees or disagrees with the question. A typical likert scale ranging from 1 to 5 was used with 1 being “very serious” or “very adequate” and 5 being “not serious at all” or “very inadequate”. If a participant had no opinion, they were instructed to circle an 8, “no opinion”.

To ensure representation from the minority populations in Catawba County, the survey was translated into Spanish and onsite surveys were conducted with the Hmong and Latino populations. Onsite surveying of older adults occurred at all of the nutrition sites in the community. After printing 1500 surveys for countywide distribution and emailing approximately 1000 surveys to county employees, 683 completed surveys were collected. Demographic data about the survey respondents were as follows:



Health Department staff reviewed data from the State Center for Health Statistics and other sources and prepared the data in a “report card” format for the committee’s review. The results of the CHA survey and the data revealed in the report card are categorized by the following Healthy Carolinians focus areas: Access to Health Care, Chronic Disease, Health Promotion, Infant Mortality, Infectious Diseases, Injuries, and Oral Health. Since the committee decided to limit this CHA to primarily health issues, the Catawba County CHA document only addresses 7 of the twelve Healthy Carolinians focus areas. Each focus area addresses one or more health issues. The following information is presented about each health area: overview of issues, state and national data, local data, community health assessment survey results, current strategies and resources available in Catawba County, and conclusions.

Results

Primary Data Collection (Community Assessment Results)

Following collection and tabulation of the survey responses, the mean and mode were calculated for each question. Overall, the mean and the mode were close in value. Once the surveys were collected and analyzed, the committee immediately recognized that the findings could not be generalized to all of the residents of Catawba County. Some of the limitations that were initially identified in the CHA process are as follows:

- As previously stated, each organization had very limited time and staff resources to commit to the CHA process; therefore, the committee was unable to obtain a vast number of opinions from a large number of respondents. Catawba County's population consists of over 147,000 people, yet only 683 surveys were collected, representing less than one half of one percent of the total population.
- The survey only asked how serious each issue was in the community and how adequately the issue was currently being addressed. The study managers were unable to address any other questions that may have been of interest in assessing the community's overall health status.
- Although the survey used a likert scale to measure the survey respondent's opinions, only the two extremes were labeled in the explanation. In addressing the seriousness of the issue, 1 represented very serious and 5 represented not serious at all, and in addressing how adequately the issue was being addressed, 1 represented very adequate and 5 represented very inadequate. There was no explanation listed as to what the values 2, 3, and 4 represented. This was merely left up to the respondent's interpretation.
- Since this effort was an inaugural community health assessment survey for the study managers, all of the issues the committee would have liked to receive input about were not included in the survey, and all of the Healthy Carolinians focus areas were not adequately represented. For example, infant mortality was not addressed at all in the survey; therefore, when this issue was summarized in the final document, no primary data, only secondary was included.
- In trying to keep the survey as concise as possible, no clear definition was given to describe the issue in question. For example, the survey asked about the issue of drug abuse; however, there was no clarification as to whether the committee was concerned with only illicit drug use, alcohol, inhalants, or the combination of them all. The same can be said for tobacco use, because no mention was made as to whether this indicator addressed smoking, spit tobacco use, the use of pipes, cigars, herbal cigarettes, etc. or just smoking.
- Some of the issues may have been inadequately represented due to the information and statistics presented. For instance, several of the issues addressed only answered for death rates (e.g., from heart disease, stroke, breast and prostate cancer, and flu). Therefore, many respondents may have under- or overrated the seriousness or how adequately each was being addressed in the community. The morbidity rates and many disease related consequences for individuals and society were not presented.

Although the community assessment is subject to a number of limitations, the process did yield some interesting results in terms of the health concerns and adequacy of addressing these issues as judged by the public. According to the mean or average score and the overall frequency of responses, the following ten issues ranked as the most serious within the community:

1. Unemployment or Underemployment
2. Growth in Hispanic Population Over the Last 10 Years
3. Under-Age Drinking
4. Inadequate Health Insurance Coverage
5. Drug Abuse
6. Tobacco Use
7. Driving Under the Influence (DUI / DWI)
8. Language Barriers, Spanish
9. Family Violence – Abuse of Children
10. Teenage Pregnancy

According to the mean or average score and the overall frequency of responses, the following ten issues ranked as the most inadequately addressed issues within the community:

1. Unemployment or Underemployment
2. Inadequate Health Insurance Coverage
3. Lack of Public Transportation for Access to Jobs, Medical Facilities, and Service Facilities
4. Tobacco Use
5. Under-Age Drinking
6. Lack of Affordable Housing
7. Growth in Hispanic Population Over the Last 10 Years
8. Language Barriers, Asian
9. Access to Dental Care for Adults
10. Language Barriers, Spanish

The Community Health Assessment survey results are throughout the final document under a corresponding focus area. The data is displayed using pie charts, and the values shown within the pie charts exclude those survey responses with no opinion or no answer.

The data and information for survey questions is expressed as follows:

- Percent of responses for each value 1 – 5
- Average rating of responses
- Percent of respondents with no opinion

Secondary Data Collection

In addition to collecting surveys from the community, additional data was researched through the North Carolina State Center for Health Statistics, as well as a number of other state data reporting agencies. This data was then cross-referenced with the Healthy Carolinians 2010 objectives when available, and the following discoveries were made:

- Although Catawba County's death rate per 100,000 population due to both heart disease and stroke are lower than that of North Carolina, they both exceed the Healthy Carolinians 2010 objectives.
- Catawba County's rate of diabetes deaths due to both primary and secondary causes is lower than North Carolina; however, the rate is significantly higher than the 2010 objective per 100,000 diabetes deaths for the total population.
- Cancer deaths per 100,000 population in Catawba County are not only higher than North Carolina, but they far exceed the recommended 2010 objective.
- Catawba County is significantly lower than North Carolina in terms of asthma hospitalizations per 100,000 population for both the 0 – 14 age range and the total population, and well below the recommended 2010 objective.
- 49% of 8th graders, 55% of 10th graders, and 70% of 12th graders in Catawba County admit to having experimented with tobacco products.
- Catawba County has a higher teen pregnancy rate per 1,000 white and minority females aged 15 – 19 years old, as well as for the total population for females aged 15 – 19 years of age than North Carolina.
- Although Catawba County's infant mortality deaths per 100,000 population for the total population are below that of North Carolina, the rate is still higher than the recommended Healthy Carolinians 2010 objective.
- Catawba County's rate of new cases of HIV infection per 100,000 population is half that of North Carolina, and is one third that of the recommended Healthy Carolinians 2010 objective.
- Catawba County's immunization percentage is just slightly below that of North Carolina and the Healthy Carolinians 2010 objective.
- Catawba County's death rate for the total population per 100,000 population due to motor vehicle crashes exceeds both the death rate for North Carolina and the recommended Healthy Carolinians 2010 objective.
- Catawba County's suicide death rate per 100,000 population is not only higher than that of North Carolina, but it is over twice as high as the Healthy Carolinians 2010 objective.
- Catawba County's death rate from flu deaths per 100,000 population exceeds the North Carolina deaths rates from flu per 100,000 population for persons aged 65 – 84, 85 years of age and older, and for the total population.
- In 2002, Catawba County had fewer dentists per 10,000 population than North Carolina.

And lastly, the secondary data was cross-referenced with the community assessment data, and the following inferences were made:

- Although Catawba County's death rate from flu per 100,000 is significantly higher than North Carolina's rate, it received an average score of 3.3 on a scale of 1 to 5. This would indicate that very few respondents felt that it was a very serious issue of concern in their community.
- Many of the survey respondents indicated that access to dental care for both children and adults is a serious issue of concern, and it is not being adequately addressed

within the community. Further analysis of the secondary data revealed that Catawba County's rate of dentists per 10,000 population is actually lower than North Carolina; however, the rates of both physicians and primary care physicians per 10,000 population exceeds that of North Carolina.

- The secondary data shows that over half of all high school students have experimented with tobacco products, and the results of the community health assessment survey found that this is a serious issue of concern that is not being adequately addressed in the community. The percent of pregnant mothers who smoke not only exceeds the percentage for North Carolina, but it is over twice that of the recommended 2010 objectives.
- Several non-disease related items emerged as issues of concern both statistically and in the collection of opinions via the survey. Some of the issues that ranked among the highest were under-age drinking, drug abuse, and teenage pregnancy.
- Cancer deaths per 100,000 population in Catawba County are not only higher than North Carolina, but they far exceed the recommended 2010 objective; however, the adults surveyed do not perceive prostate and breast cancer deaths to be a very serious issue of concern in their community.

Although a number of other inferences or conclusions could be drawn from analysis of both the primary and secondary data, the committee was hesitant in doing so due to the number of limitations in the survey process itself. Although a sufficient amount of surveys were collected in the CHA process to make some inferences, at this point, the committee feels that the public would be best served in relying more heavily on the secondary data when drawing conclusions as to the overall health status of the citizens of Catawba County. The partnership looks forward to conducting a more comprehensive study in the years to come to further explore "why" Catawba County is lacking in some areas and achieving the recommended goals in others. The information gathered during the CHA process will certainly serve as a catalyst for future programs, services, and educational opportunities available within the community.

Next Step—Healthy Carolinians

Healthy Carolinians is a statewide network of local partnerships that work toward achieving the Healthy Carolinians 2010 objectives. These objectives are derived from the Health People 2010 national objectives. Healthy Carolinians is driven and led by the energy and vision of local partnerships and facilitated by the Office of Healthy Carolinians in the Department of Health and Human Services. The Governor's Task Force provides governance and oversight for Healthy Carolinians. As of October 2001, 65 counties had certified Healthy Carolinians partnerships.

The Community Health Assessment Report will serve as a step to inform and heighten the community awareness about health data and public opinion about the seriousness of selected health issues as well as how adequately these issues are being addressed. The Underserved Populations subcommittee of the Catawba County Board of Health was established to identify and address public health policy issues affecting health care access and availability of health care services required to meet the needs of underserved populations in Catawba County. The Catawba County Health Department staff will seek support from the Board of Health through the

Underserved Populations Subcommittee to take a leadership role in pursuing a Healthy Carolinians community partnership with certification. The subcommittee will serve as a catalyst in advocating for the formation of this partnership and subsequent certification; and in addition, will ensure each milestone toward partnership and certification is achieved. Members of the Board of Health will endorse partnership development and certification and motivate influential citizens and decision makers to be active participants in the partnership and certification process, to take ownership in designing priorities and strategies to improve the health of the community, and to share and assist with leveraging resources required to achieve community priorities.

Even though Catawba County has not had a “formal” partnership focused on targeting community health issues, our county has performed targeted analysis on specific health issues, initiated community partnerships to address these issues, developed and implemented joint strategies to impact these issues, and has combined resources to achieve and ensure success. Some examples of our current efforts include Catawba County Adolescent Health Partnership, Tobacco Free Task Force, Nutrition and Obesity Task Force, and Catawba County Public Health Dental Practice Expansion Project.

Given that:

- The four existing partnerships or task forces in Catawba County align with the Healthy Carolinians 2010 Objectives;
- The North Carolina Division of Public Health is moving toward local Health Department accreditation (in which Healthy Carolinians will be required); and
- A renewed awareness of the many priority areas that require a community approach and resources unveiled in this Community Health Assessment Report, then

Developing a “*formal*” Healthy Carolinians partnership in Catawba County is a logical next step in assuring that priority is given and resources are allocated to the most important issues affecting the health and well-being of our community.

Introduction



INTRODUCTION

Overview of the Governor's Task Force for Healthy Carolinians

In April 1999, North Carolina Governor James B. Hunt, Jr. signed Executive Order Number 147, which appointed the Governor's Task Force on Healthy Carolinians for 2000. The group is comprised of 37 members who represent a number of different disciplines and organizations including healthcare providers, businesses, academic institutions, religious organizations, community groups, legislators, and various other professions. The Task Force has the responsibility of developing appropriate and measurable objectives necessary to improve the overall health status and quality of life of North Carolinians by the year 2010. In addition to developing these Healthy Carolinians 2010 objectives, the Task Force has also been charged with advising state officials as to the policies, programs, and resources warranted to improve the health of North Carolina's residents; certifying and re-certifying Healthy Carolinians partnerships and counties; and providing encouragement and guidance to communities establishing their own local partnership to accomplish the objectives developed by the Governor's Task Force.

After careful consideration, the Task Force has chosen to target the following focus areas: access to healthcare, chronic disease, community health, disability, environmental health, health promotion, infant mortality, infectious diseases, injuries, mental health, older adult health, and oral health. Because the Task Force recognizes the fact that more issues impact the health status of citizens than those that fit directly into these categories, they have also included an emerging issues section. This area focuses on a number of topics such as alternative medicine, changes in the environment, evolving technology, and changing demographics. Each focus area contains the following information: recommended health objectives and 2010 targets, discussion and description of the issue, discussion of health disparities, description of the determinants and risk factors, data to support the health objectives, and a call to action which details strategies that will impact the issue of concern.

The overall goals of the Governor's Task Force for Healthy Carolinians is to:

- Increase the span of healthy life of the citizens of North Carolina
- Remove health disparities among the disadvantaged
- Promote access to preventative health services
- Protect the public's health
- Foster positive and supportive living and working conditions in our communities
- Support individuals

What is a Community Health Assessment?

A community health assessment is a process by which community members gain an understanding of the health, concerns, and healthcare systems of the community by identifying, collecting, analyzing, and disseminating information on community assets, strengths, resources, and needs. It usually culminates in a report or a presentation that includes information about the

health of the community as it is today and about the community's capacity to improve the lives of residents. The Healthy Carolinians website contains a Community Assessment Guide Book that details each phase of the certification process and assists counties in developing a strategic outline to accomplish each phase in an efficient and timely manner. Accomplishing each of these phases in a timely, orderly fashion carries out the community assessment.

- Phase 1: Establish a Community Assessment Team
- Phase 2: Collect Community Data
- Phase 3: Analyze the County Health Data Book
- Phase 4: Combine Your County's Health Statistics with Your Community Data
- Phase 5: Report to the Community
- Phase 6: Select Health Priorities
- Phase 7: Create the Community Assessment Document
- Phase 8: Develop the Community Health Action Plan

It is important to form a committee or mini task force comprised of individuals from a number of agencies and organizations throughout your county to steer this entire community assessment process along. The steering committee is charged with the task of collecting secondary data on the health status of the residents of the county and also developing a survey, conducting focus groups, and/or holding public forums in order to get primary data as to the community's perceptions on issues that may directly or indirectly affect their health and overall quality of life. Data sources are classified into two main types, primary and secondary data. Both quantitative data and qualitative data can be obtained from either primary or secondary sources. Primary data is information that is collected first-hand by those conducting the assessment. Secondary data is information that already has been collected by someone else.

Following analysis of both the primary and secondary data to better understand the community's major health issues and concerns, a document is written to both the general public and the state of North Carolina to report on the health status of the county as a whole. In addition to this final report, the steering committee must select at least two objectives from the twelve focus areas and develop strategies to achieve these objectives in their community. These endeavors may focus on individual changes, changes in the overall environment, or policy changes. The action plan, referred to as the Community Health Action Plan (CAP), must include strategies to build the coalition skills of the partnership members, methods to involve community members in program development, implementation and evaluation, and a mechanism to keep the public informed about the work of the Community Assessment Team. In addition to this, the plan should include a method to secure funds to assure the success of the program, establish a time line for implementing the projects, and identify which entities will be carrying out the strategies.

Healthy Carolinians Partnerships are required to complete a community assessment; therefore, this assessment plays an integral role in receiving certification. Once a county receives its certification, they are required to be recertified every four years. During the three interim years, the local health department must issue a State of the County Report providing updated information about priority health issues specific to that county.

Community Health Assessment Process

Establish a Steering Committee

Catawba County established a Community Assessment Steering Committee consisting of experienced and knowledgeable individuals representing key organizations in the community. These individuals actively participated in the community assessment process by providing input, researching health data, developing a survey and distributing it to a wide variety of citizen groups throughout the county, and identifying current strategies and existing resources available in Catawba County. Once the surveys were collected, tabulated, and analyzed, the committee reviewed the survey results and health statistics, identified priority health issues, and verified and supported the development of two Community Health Action Plans. The participation of the individuals on the steering committee was essential to conducting the Community Health Assessment and Report. The steering committee members are listed below.

Member's Name	Organization or Agency	Position
Susan Arrowood	Hickory City Schools	Director of Accountability and Support Services
Cindi Bowman	Catawba County Health Department	Quality and Compliance Coordinator
Beth Brandes	Catawba County Department of Social Services	Assistant Director
Melissa Cline	Catawba County Mental Health	Manager of Counseling and Substance Abuse
Melanie Elrod	Newton-Conover City Schools	Director of Student Services
Pat Hensley	Catawba County Schools	Assistant Superintendent
Kelly Isenhour	Catawba County Health Department	Assistant Health Director
Candice Justice	Catawba County Health Department	Tobacco Prevention and Cessation Coordinator
Barbara Miller	Tenet Health and Hart Industrial Clinic	Director of Wellness and Senior Services
Linda Swift	Catawba Valley Medical Center	Director of the Health First Center

Conduct a Community Health Assessment

The committee began gathering statistical data from various agencies and organizations throughout the community as well as the North Carolina's State Center for Health Statistics. Permission was obtained from United Way of Cabarrus County to modify the Community Health Assessment Survey utilized in that county. Survey questions were designed to ask the respondent the seriousness of the issue as well as how adequately the individual felt that particular issue was being addressed within the community. A Likert scale measures the extent to

which a person agrees or disagrees with the question. A typical likert scale ranging from 1 to 5 was used with 1 being “very serious” or “very adequate” and 5 being “not serious at all” or “very inadequate”. If a participant had no opinion, they were instructed to circle an 8, “no opinion”.

To ensure representation from the minority populations in Catawba County, the survey was translated into Spanish and onsite surveys were conducted with the Hmong and Latino populations. Onsite surveying of older adults occurred at all of the nutrition sites in the community. The goal was to receive between five and six hundred completed surveys by a predetermined date. After printing 1,500 surveys and emailing approximately 1,000 surveys to county employees, eventually 683 surveys were completed by the target date. When the demographic information was analyzed, it showed 74.2% of the respondents female; 25.8% male; 84.2% Caucasian; 6.4% African American; 4.9% Hispanic; 2.7% Asian or Pacific Islander, and 1.1% Native American.

Analysis of the Community Health Survey and Health Data

Community Health Survey Results (Primary Data)

In order to reach a cross section of Catawba County residents and those that work in Catawba County, a mass distribution of the survey was made at many public and government locations. To ensure representation from the minority populations in Catawba County, the survey was translated into Spanish. Copies of the survey were distributed to locations or to groups of people such as:

- Catawba County Health Department
- Catawba County Department of Social Services
- Catawba County Mental Health
- Newton Library
- St. Stephens Library
- Southwest Library
- Maiden Library
- Sherrills Ford Library
- Conover Library
- Claremont Library
- Patrick Beaver Library
- Catawba County Government Employees
- Area Healthcare Providers
- The Health First Center
- Hmong Association
- Latino Center
- Senior Center/Nutrition Sites

Individual responses were tallied for each survey question. Adjustments to the data were made for respondents that expressed either no opinion or elected not to reply to a given question. The total count for each opinion option with a score of 1-5 was then analyzed giving each issue a ‘rating’. The rated scores were then sorted and ranked for all issues thus indicating the overall

perception of importance for each issue by the survey respondents. Some survey questions may have the same average score as other questions, yet rank above or below those questions. For example, there may be 3 questions with an average score of 2.5. In cases such as this, the questions are shown in their respective proper order (there were very small differences in the scores that are not shown due to rounding of the final values). All average scores are rounded to one decimal place for presentation in this report.

For the series of questions addressing the seriousness of various community issues, where an opinion score of 1 indicated the issue being “very serious” and 5 indicating the issue was “not serious at all”, the average overall ratings were sorted from 1 to 5. This process generated a listing of community issues in the order of seriousness as perceived by survey respondents.

For the series of questions addressing how adequately various community issues were being addressed, where an opinion score of 1 indicated the issue was being “very adequately” addressed and 5 indicating the issue was being “very inadequately” addressed, the average overall ratings were sorted from 5 to 1. This process generated a listing of community issues in the order of how inadequately various issues were perceived as being addressed by survey respondents.

Excerpts from the survey are utilized throughout the Community Health Assessment Report to highlight or emphasize a particular health indicator or community concern. Complete survey results can be found in Appendix B.

Analysis Health Indicator Data (Secondary Data)

After collecting the county data and comparing it with national and state levels, the steering committee chose to use a Report Card format to record the findings. The report card format has been used for the previous two years to heighten awareness of the health issues affecting the citizens of Catawba County by compiling and summarizing important health indicators related to illness, death, and high-risk behaviors. The data in the report is presented for the most current year or time period for Catawba County, compared with averaged data for North Carolina. The years are noted on the report card along with the data. The health indicators are chosen not only for their importance, but also because of data availability, consistency, and validity. In addition to comparing Catawba County to North Carolina, the report card also compares the data to the Healthy Carolinians 2010 objectives, when available. Excerpts from the report card are utilized throughout the Community Health Assessment Report to highlight or emphasize a particular health indicator or community concern. The entire Catawba County Public Health Report Card can be found in Appendix C.

Areas of Priority

The steering committee reviewed the data presented in the report card along with the community assessment survey results. Although mental health, social, and economic issues were of concern to survey participants, the steering committee decided to limit the scope of the Community Health Assessment Document by focusing on health issues that were of greatest concern of the

community and/or health indicators which characterized Catawba County as worse than the State or not meeting the Healthy Carolinians 2010 objective. Each of these health concerns or indicators became “areas of priority” and was matched with one of the twelve Healthy Carolinians major focus areas. Based on the areas of priority, seven Healthy Carolinians focus areas were utilized to group related health data and community survey information in the Community Health Assessment Report. The focus areas are as follows: access to healthcare, chronic disease, health promotion, infant mortality, infectious diseases, injuries, and oral health.

Community Health Assessment Report Document

The goal of Community Health Assessment steering committee was to create a document that consisted of accurate, concise, and comprehensible data and information; provide a platform on which to initiate discussion; design a format that could be duplicated as additional areas of priority were developed; design a format in which sections could be used as stand alone documents for use in presentations; and design a format that could be used in establishing priorities, leveraging current resources, and/or in developing additional resources such as grants and partnerships to address the health needs in Catawba County.

The report begins with the executive summary and introduction sections and ends with an appendix. The majority of the report centers on the health indicator data and community survey information that is grouped in seven Healthy Carolinians focus areas. Within the focus areas, each health indicator has a consistent format and overview of the issue; health indicator data labeled as National, North Carolina or Catawba County data; community assessment survey results; current strategies and resources available in Catawba County; and a conclusion section.

Community Action Plan (CAP) Development

The steering committee reconvened to consider and recommend the health issues that should have an action plan developed. After careful analysis, the community assessment team unanimously voted to focus on two issues that face our youth today, oral health and tobacco use. These are certainly two issues that deserve the utmost attention in our community because the health indicators not only indicate that our medical and educational services are lacking in these areas, but the community has also expressed concern regarding both health issues. Once the high priority areas were identified, the CAP describes the long and short-term goals for each priority area along with specific strategies to achieve the goals.

Healthy Carolinians Certification

Catawba County is one of 10 counties not designated as a “Certified Healthy Carolinians” community. When the program first began, Catawba County had already committed resource and participation in a county wide, multi-year community health assessment being facilitated by a private consultant firm. Over the next few years, the priority of the Health Department as well as other key organizations was directed toward developing county driven partnerships and targeted community assessments such as Smart Start, Foresight (an education taskforce), and Year of the Child. Even though Catawba County has not had a “formal” partnership focused on

targeting community health issues, Catawba County has performed targeted analysis on specific health issues, initiated community partnerships to address these issues, developed and implemented joint strategies to impact these issues, and has combined resources to achieve and ensure success. Some examples of our current efforts include Catawba County Adolescent Health Partnership, Tobacco Free Task Force, Nutrition and Obesity Task Force, and Catawba County Public Health Dental Practice Expansion Project.

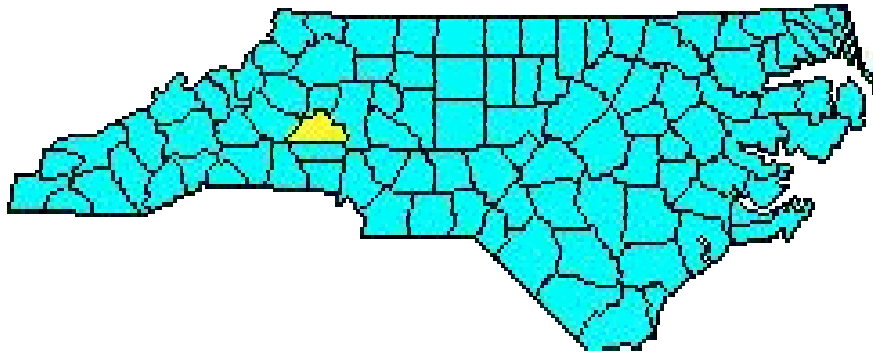
Given that:

- The four existing partnerships or task forces in Catawba County align with the Healthy Carolinians 2010 Objectives;
- The North Carolina Division of Public Health is moving toward local Health Department accreditation (in which Healthy Carolinians will be required); and
- A renewed awareness of the many priority areas that require a community approach and resources unveiled in this Community Health Assessment Report, then

The Community Health Assessment Steering Committee unanimously agreed that Catawba County should become a Certified Healthy Carolinians County.

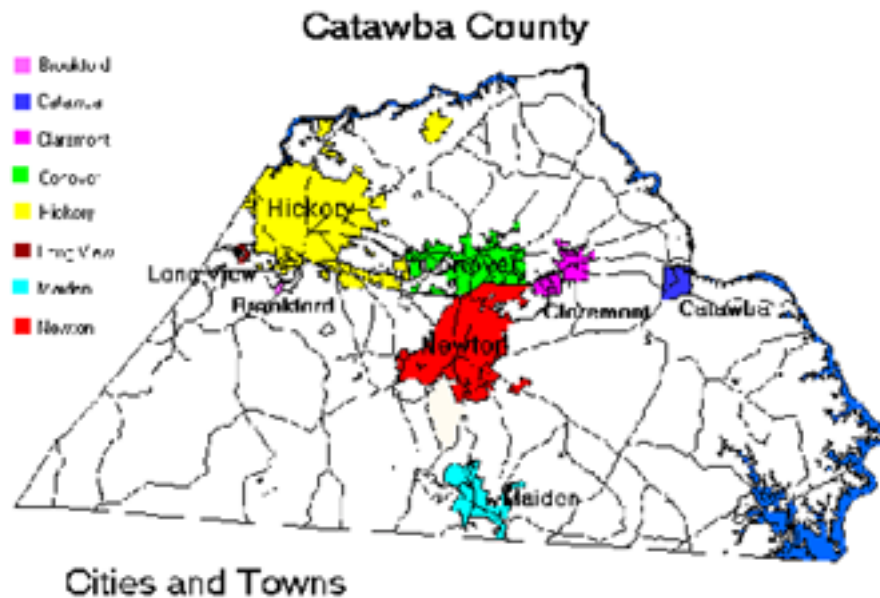
The Community Health Assessment Report will serve as the foundation to begin informing and heightening the awareness of our community about health data and community perceptions about the seriousness of selected health issues and how adequately these issues are being addressed. The Catawba County Health Department will seek support from the Board of Health through the Underserved Populations Subcommittee to take a leadership role in pursuing a Healthy Carolinians community partnership and certification. The Underserved Populations Subcommittee will serve as a catalyst in advocating for the formation of this partnership and subsequent certification. In addition, the subcommittee will ensure each milestone toward partnership and certification is achieved. Members of the Board of Health will endorse partnership development and certification, motivate influential citizens and decision makers to be active participants in the partnership and certification process, take ownership in designing priorities and strategies to improve the health of the community, and share and assist with leveraging resources required to achieve community priorities.

Catawba County



Description

Catawba County, North Carolina was established December 12, 1842 and is located in the western part of the State in the foothills of the Blue Ridge Mountains. July 1, 2002 estimates put the population at 146,690 inhabitants within the 405 square miles and eight municipalities of the county. The cities and towns in Catawba County are Brookford, Catawba, Claremont, Conover, Hickory, Long View, Maiden, and Newton. Newton was selected as the County seat on January 8, 1845.



The Hickory Metropolitan Statistical Area (MSA) is the fourth largest in the state with a population of approximately 342,000. The Hickory MSA, composed of Catawba, Alexander, Burke, and Caldwell counties, is the corporate headquarters of 40 firms with at least 500 employees and \$500 million in sales, as reported by the Catawba County Government's website.

Mountains moderate winter temperatures and provide refreshing summer breezes for Catawba County. Catawba County's elevation ranges from 705 to 1780 feet, averaging 995 feet. The County's three lakes and its location in the foothills of the Blue Ridge Mountains exert a strong influence on the County's climate and ambience. The average year round temperature for the area is 68.8 Fahrenheit. Lake Hickory covers 4,100 acres and 272.1 miles of shoreline; Lake Lookout Shoals covers 1,270 acres and 39.1 miles of shoreline; and Lake Norman, the largest North Carolina manmade lake, covers 32,510 acres and 520 miles of shoreline.

There are 40 public schools in the County as well as two colleges: Lenoir-Rhyne College, a 102 year old liberal arts institution, and Catawba Valley Community College, a member of the NC Community College System.

Catawba County is a major medical area, with two hospitals (one County-owned), a large medical community, and nursing and rest homes. It is a heavily industrialized area and known world wide as a furniture-manufacturing center. The traditional industries of furniture, hosiery, and textiles have been augmented by technological industries such as fiber optics and telecommunications cable.

A variety of options are available to persons interested in sports and the arts in the Catawba County area. There are seven beautiful golf courses playable year-round due to the mild temperate climate. The Hickory Motor Speedway offers Motor Car Racing and has been in continuous operation for well over four decades. The Hickory Motor Speedway generates millions of dollars each year into the local economy. Bass Tournaments are held from March through October on Lake Hickory and Lake Norman. Minor League Baseball returned to Catawba County in 1993. The arts are alive in Catawba County -- the symphony, theatre, choral, and much more are locally available. The Hickory Museum of Art is the second oldest museum in North Carolina and is known for its concentration of 19th and 20th century American art.

Catawba County has a great economic reliance on manufacturing and the recent recession has had a significant negative impact on the County. In addition to being an industrial center, the County is a major retail center, has a growing medical community, and attracts many tourists. However, the overall economy has been in a decline since the late 1990's with sales tax revenues trending down and unemployment increasing exponentially during the most recent years. The Cecil G. Sheps Center UNC-CH reported Catawba County's unemployment rate was 9.4 % for 2002, over 40% above North Carolina's unemployment rate of 6.7 % for 2002. Catawba County was reported as being in the list of the five counties receiving the highest amount in unemployment insurance benefits in December 2002. The U. S. Bureau of Labor Statistics reported unemployment rates (not seasonally adjusted) for Catawba County that range from a low of 7.9% to a high of 9.5% during the first 10 months of 2003. Unemployment rates for North Carolina during the same time period were about 25% lower than those of Catawba County with rates that ranged from a low of 5.9% to a high of 6.9%. Unemployment was the highest-ranking concern indicated by the Catawba County Community Health Assessment survey results. A pie chart is included near the end of this section that details the survey results of this issue.

Between 1990 and 2000 the County experienced a significant growth in population with the population count rising nearly twenty percent, from 118,412 to 141,685. While all ethnic groups grew between 1990 and 2000, Hispanic and Asian-Pacific Islander (Hmong) grew at the fastest rates. All age groups in the County have grown in the last twenty years, with the elderly (65+) increasing most rapidly. High immigration rates and an aging population are putting much stress on government services during a weakening economy.

A quote from the Charlotte Observer on December 29, 1999 said "A wave of immigration from Latin America and Southeast Asia hit the Unifour late in the century, making it necessary for local industry to accommodate people who didn't speak English." This statement holds true for the Catawba County area as well. Immigration related issues were among the top-ranking concerns indicated by the Catawba County Community Health Assessment survey results. These issues include growth in both Hispanic and Asian populations over the last 10 years as well of

Spanish and Asian language barriers. Pie charts are included near the end of this section that detail survey results of these issues.

The tables below show demographics details of Catawba County as well as details of population changes seen in Catawba County during the decade from 1990 to 2000.

The table compares 2000 census demographics of Catawba County and North Carolina. According to the US Census Bureau, in reference to the data in the following table, “Origin can be viewed as the heritage, nationality group, lineage, or country of birth of the person or the person’s parents or ancestors before their arrival in the United States. People who identify their origin as Spanish, Hispanic, or Latino may be of any race”.

	North Carolina	Catawba County
Population	8,049,313	141,685
Percent of Females	51.0%	50.7%
Percent of Males	49.0%	49.3%
Percent Under 5 Years Old	6.7%	6.5%
Percent Under 18 Years Old	24.4%	24.3%
Percent 65 Years Old and Over	12.0%	12.3%
Percent of Whites	72.1%	85.0%
Percent of African Americans	21.6%	8.4%
Percent of Asian / Pacific Islanders	1.5%	3.0%
Percent of Hispanics / Latinos*	4.7%	5.6%
Population Per Square Mile	165.2	354.2

*Included in various other races

(Source: 2000 Census)

The table shows Catawba County population detail changes from 1990 to 2000.

	1990		2000	
	Number of People	Population %	Number of People	Population %
Hispanic Population	921	0.8%	7,886	5.6%
Asian / Pacific Islander Population	830	8.0%	4,221	3.0%
All Other Populations	116,661	98.5%	129,578	91.4%
Overall Population	118,412	100.0%	141,685	100.0%

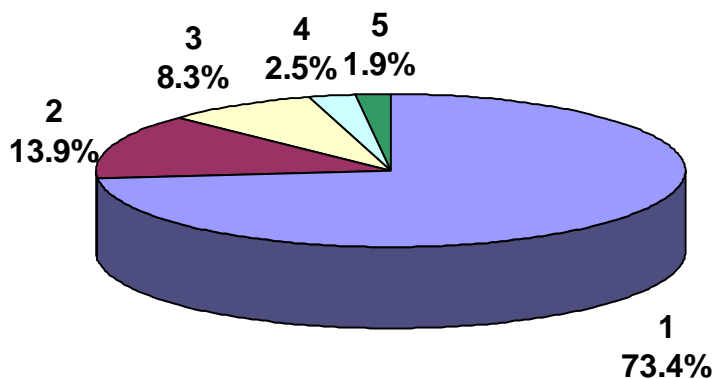
Information for this section was adapted from the following resources:
 Catawba County Government Website (www.catawbacountync.gov)
 2000 Census
 U. S. Bureau of Labor Statistics
 Cecil G. Sheps Center UNC-CH
 Charlotte Observer

Community Assessment Survey Results

How Serious of an Issue is *Unemployment or Underemployment* in the Community?

(Source: 2003 Catawba County Community Assessment Survey)

AVERAGE RATING 1.5

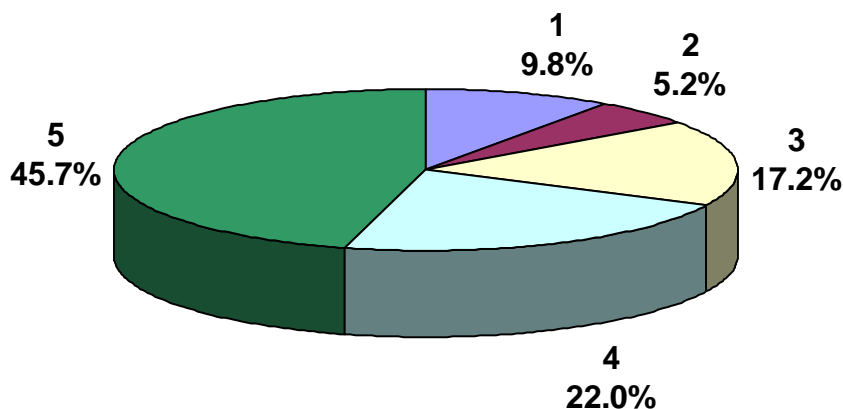


Percentages are based on all survey responses with an opinion. 3.3% of survey respondents had no opinion. The responses are rated on a scale of 1 to 5 with 1 being very serious and 5 being not serious at all.

How Adequately are *Unemployment or Underemployment* Being Addressed in the Community?

(Source: 2003 Catawba County Community Assessment Survey)

AVERAGE RATING 3.9

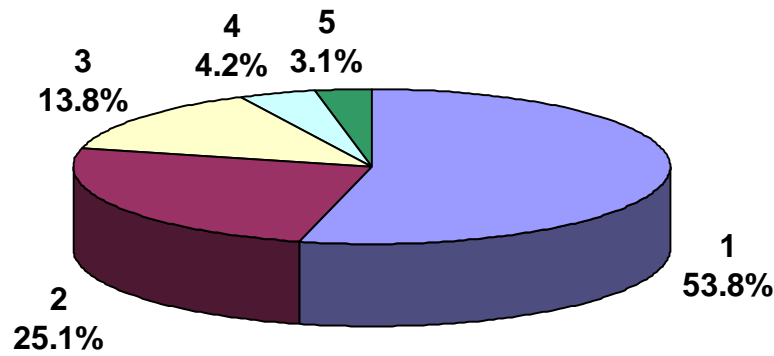


Percentages are based on all survey responses with an opinion. 6.3% of survey respondents had no opinion. The responses are rated on a scale of 1 to 5 with 1 being very adequate and 5 being very inadequate.

How Serious of an Issue is *Growth in the Hispanic Population Over the Last 10 Years* in the Community?

(Source: 2003 Catawba County Community Assessment Survey)

AVERAGE RATING 1.8

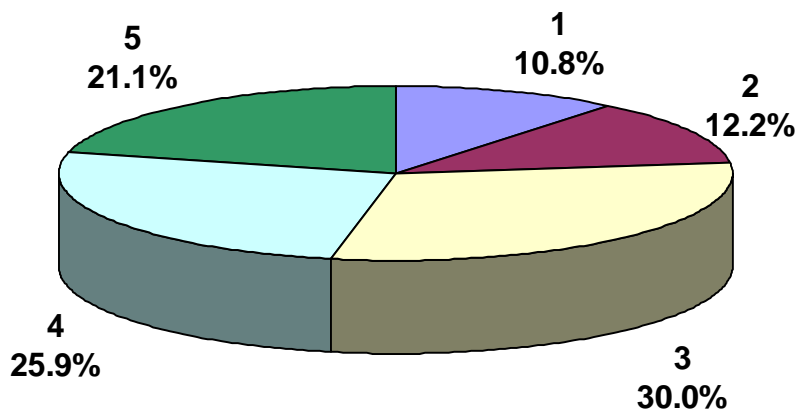


Percentages are based on all survey responses with an opinion. 5.1% of survey respondents had no opinion.
The responses are rated on a scale of 1 to 5 with 1 being very serious and 5 being not serious at all.

How Adequately is *Growth in the Hispanic Population Over the Last 10 Years* Being Addressed in the Community?

(Source: 2003 Catawba County Community Assessment Survey)

AVERAGE RATING 3.3

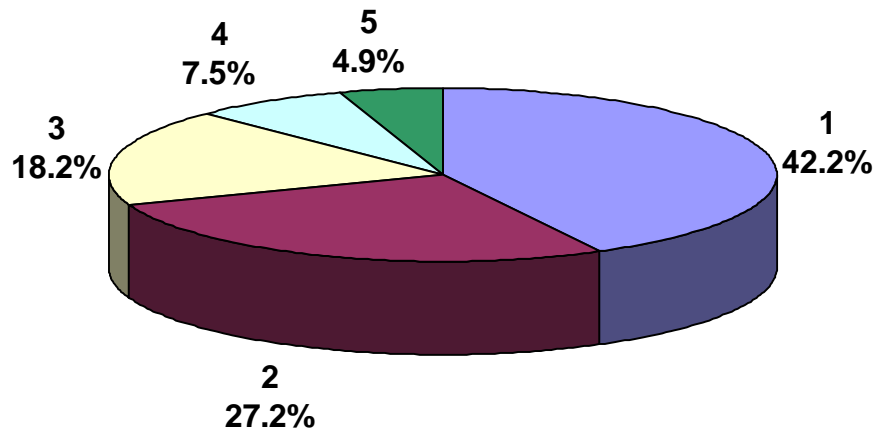


Percentages are based on all survey responses with an opinion. 10.9% of survey respondents had no opinion.
The responses are rated on a scale of 1 to 5 with 1 being very adequate and 5 being very inadequate.

How Serious of an Issue are *Language Barriers, Spanish* in the Community?

(Source: 2003 Catawba County Community Assessment Survey)

AVERAGE RATING 2.1

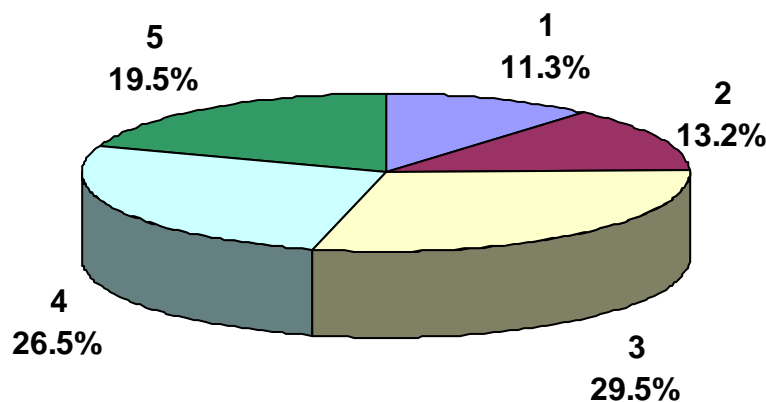


Percentages are based on all survey responses with an opinion. 5.2% of survey respondents had no opinion. The responses are rated on a scale of 1 to 5 with 1 being very serious and 5 being not serious at all.

How Adequately are *Language Barriers, Spanish* Being Addressed in the Community?

(Source: 2003 Catawba County Community Assessment Survey)

AVERAGE RATING 3.3

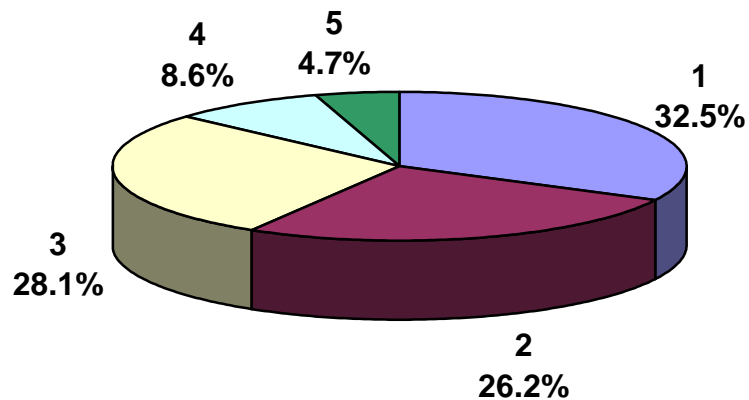


Percentages are based on all survey responses with an opinion. 10.6% of survey respondents had no opinion. The responses are rated on a scale of 1 to 5 with 1 being very adequate and 5 being very inadequate.

How Serious of an Issue is *Growth in the Asian Population Over the Last 10 Years* in the Community?

(Source: 2003 Catawba County Community Assessment Survey)

AVERAGE RATING 2.3

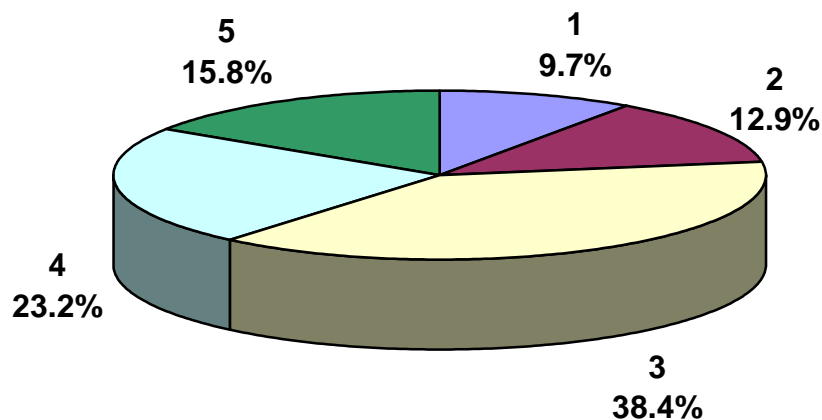


Percentages are based on all survey responses with an opinion. 5.1% of survey respondents had no opinion. The responses are rated on a scale of 1 to 5 with 1 being very serious and 5 being not serious at all.

How Adequately is *Growth in the Asian Population Over the Last 10 Years* Being Addressed in the Community?

(Source: 2003 Catawba County Community Assessment Survey)

AVERAGE RATING 3.2

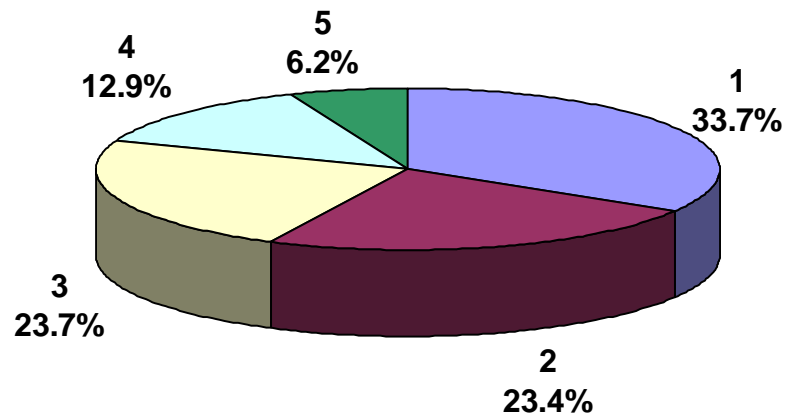


Percentages are based on all survey responses with an opinion. 13.6% of survey respondents had no opinion. The responses are rated on a scale of 1 to 5 with 1 being very adequate and 5 being very inadequate.

How Serious of an Issue are *Language Barriers, Asian* in the Community?

(Source: 2003 Catawba County Community Assessment Survey)

AVERAGE RATING 2.3

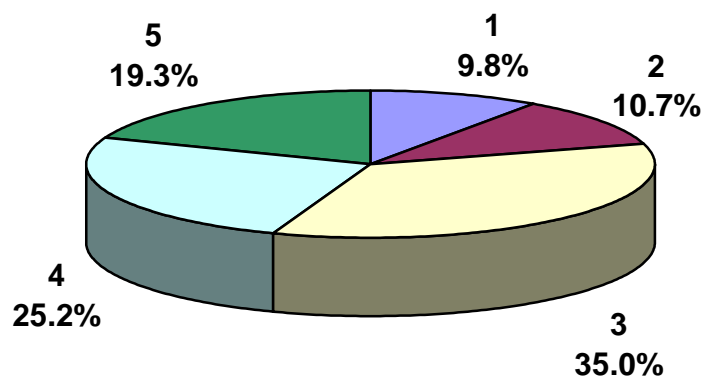


Percentages are based on all survey responses with an opinion. 8.7% of survey respondents had no opinion.
The responses are rated on a scale of 1 to 5 with 1 being very serious and 5 being not serious at all.

How Adequately are *Language Barriers, Asian* Being Addressed in the Community?

(Source: 2003 Catawba County Community Assessment Survey)

AVERAGE RATING 3.3



Percentages are based on all survey responses with an opinion. 13.0% of survey respondents had no opinion.
The responses are rated on a scale of 1 to 5 with 1 being very adequate and 5 being very inadequate.

ACCESS TO HEALTH CARE



Access To Health Care

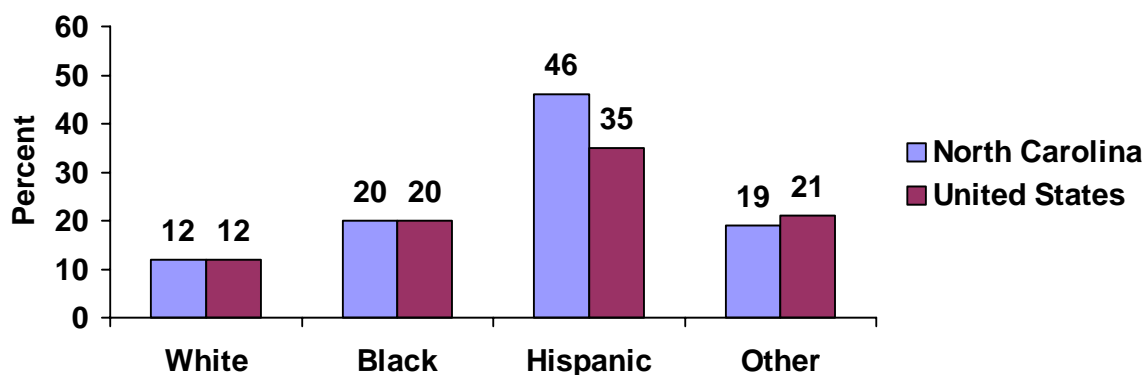
Overview

Having access to healthcare is an important component in eliminating many health disparities. It also plays an important role in prevention and early detection of disease. North Carolinians who are poverty stricken and those who lack health insurance experience greater difficulty in gaining access to effective healthcare. This forces them to seek treatment as a last resort or only when the condition becomes so debilitating that it interferes with their everyday tasks. Unfortunately, this means the condition has usually progressed to an advanced stage making it more difficult to treat and more threatening to the individual. “It is no surprise that the most serious levels of chronic disease are most often found among North Carolina residents who lack health insurance”¹. North Carolina has attempted to remedy this problem for children by instituting a State Child Health Insurance Program known as Health Choice. Also, North Carolina administers a Medicaid program that maximizes benefits both children and adults in need of healthcare.

National and North Carolina Data

- 1,125,480 North Carolinians were without health insurance during 2000 – 2001.¹
- According to the United States Census Bureau’s Current Population Survey, the 1999 – 2001 percentage of North Carolinians without health insurance coverage for an entire year was 14.2% compared to 14.5% for the United States total population.¹
- 11% of children in North Carolina lack health insurance, compared to the national rate of 12% during 2000 – 2001.¹
- 1 in 8 North Carolinians were enrolled in the state’s Medicaid program in each month of 2000 – 2001.¹

The chart compares the percentage of uninsured people in North Carolina and the United States during 2001 - 2002.



(Source: Urban Institute and Kaiser Commission on Medicaid and the Uninsured based on pooled 2000 and 2001 current population data)

- Although 12% of whites in North Carolina were without health insurance during 2000 – 2001, 20% of blacks and nearly 50% of Hispanics lacked health insurance during that same time period.

The table shows the increasing trend in the number of primary care physicians since 1993. The statistics refer to the number of physicians per 100,000 population.

	1993	1997	2001
North Carolina	73.5	78.1	83.5
Catawba County	70.1	73.3	90.3

(Source: NC DHHS State Center for Health Statistics)

The table compares 2002 statistical data for various health care providers for Catawba County and North Carolina. There are no Healthy Carolinians 2010 objectives for these indicators. The statistics refer to the number of physicians or dentist per 10,000 population.

	North Carolina	Catawba County	2010 Objective
Dentist	4.1	4.0	
Physician	20.1	21.9	
Primary Care Physician	8.5	8.8	

(Source: Cecil G. Sheps Center UNC-CH)

The table compares 2000-2001 statistical data for Catawba County and North Carolina. There are no Healthy Carolinians 2010 objectives for these indicators.

	North Carolina	Catawba County	2010 Objective
Percent of Children Receiving Kindergarten Health Assessment	97.8%	99.7%	
Percent of Medicaid Eligible Children Ages 0-21 Who Received Health Check Preventative Services	68.5%	69.0%	

(Source: State Center for Health Statistics)

The table refers to Medicaid Eligible Children ages 4 – 18 for 2000-2001. There is no Healthy Carolinians 2010 objective.

	Catawba County	2010 Objective
Percent of Medicaid Eligible Children Who Received Dental Care at the Catawba County Health Department	15.6%	

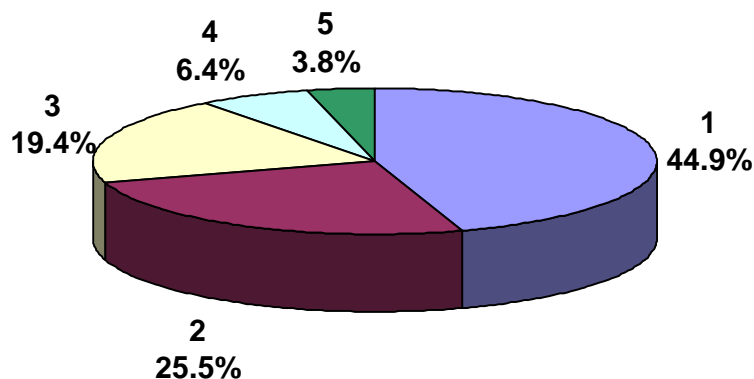
(Source: Catawba County Health Department)

Community Assessment Survey Results

How Serious of an Issue is *Inadequate Health Insurance Coverage* in the Community?

(Source: 2003 Catawba County Community Assessment Survey)

AVERAGE RATING 2.0

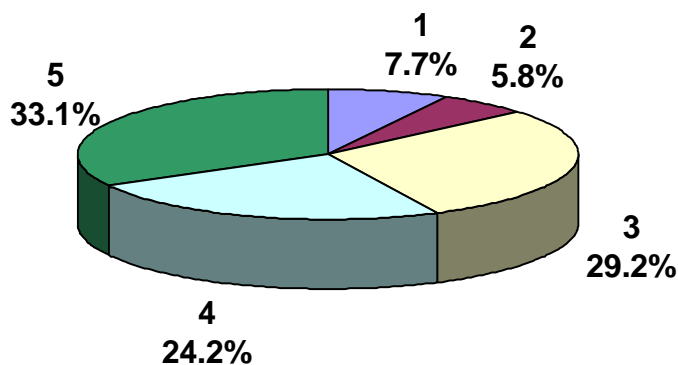


Percentages are based on all survey responses with an opinion. 4.1% of survey respondents had no opinion. The responses are rated on a scale of 1 to 5 with 1 being very serious and 5 being not serious at all.

How Adequately is *Inadequate Health Insurance Coverage* Being Addressed in the Community?

(Source: 2003 Catawba County Community Assessment Survey)

AVERAGE RATING 3.7



Percentages are based on all survey responses with an opinion. 8.3% of survey respondents had no opinion. The responses are rated on a scale of 1 to 5 with 1 being very adequate and 5 being very inadequate.

Current Strategies and Resources Available in Catawba County

- The Catawba County Health Department offers an array of medical and preventive health services. Some services have eligibility requirements while others are available to the general public.
- The Totally Teens Health Center, located at the Health Department, offers a wide range of comprehensive health services including physical exams, nutrition counseling, immunizations, behavior services, sick and injury care, health information, and education to adolescents aged 13 – 21 years of age.
- Cooperative Christian Ministries (CCM) offers services, including free prescriptions, dental care, and medical treatment, to low-income eligible adults without insurance or Medicaid.
- Catawba County's two hospitals, Catawba Valley Medical Center and Frye Regional Medical Center, provide residents a variety of medical and education services. Both hospitals maintain and staff primary care practices in Catawba County.
- A number of faith-based efforts exist in Catawba County. Organizations such as Parish Nurse programs, Penelope Community Medical Mission, Salvation Army, CCM, and St. Joseph Church provide resources and services of limited scope to community patients.
- The Clinic for People with No Health Insurance, a private healthcare provider, offers reduced rates as compared to customary medical fees for patient office visits. The Clinic does not accept any type of insurance related payments for services.
- Like many mental health facilities throughout North Carolina, Catawba County's Mental Health Department is being restructured due to the State Mental Health Reform efforts. Many of their resources are being divested; however, they currently provide access to a number of mental health and counseling services to the residents of Catawba County and offer access to many private mental health providers throughout this region.
- The Underserved Populations Subcommittee of the Catawba County Board of Health was established to identify and address public health policy issues affecting health care access and availability of health care services required to meet the needs of underserved populations in Catawba County.
- Fairgrove Primary Health, which is owned and operated by Catawba Valley Medical Center, offers GYN surgical services at reduced rates.

Conclusions

- In 2002, Catawba County had fewer dentists per 10,000 population than North Carolina, but had a higher rate of physicians and primary care physicians.
- 99.7% of Catawba County children received a kindergarten health assessment in 2000 – 2001, which is slightly higher than North Carolina's rate of 97.8%.

1. The Health of North Carolinians: A Profile. (2003). North Carolina Department of Health and Human Services

CHRONIC DISEASE



Heart Disease and Stroke

Overview

Heart disease is not only the leading cause of death in the United States, it is the number one killer of North Carolinians. Heart disease has been attributed to numerous factors including tobacco use, poor nutrition, inactivity, obesity, diabetes, high blood pressure, and cholesterol.² Heart disease results in additional costs to North Carolina residents in terms of hospital charges, cardiac rehabilitation, and lost productivity. According to 2003 report from the Centers for Disease Control and Prevention, North Carolina has the nation's fourth highest rate of stroke deaths among men and women ages 35 and older, which makes it the number three killer in North Carolina. North Carolina is within an area called the nation's "Stroke Belt."

North Carolina Data

- 1 in 4 North Carolinians has some form of cardiovascular disease.¹
- One death occurs every 20 minutes due to heart disease.¹
- More than 40% of all deaths annually are caused by cardiovascular disease.¹
- North Carolina has the 15th highest cardiovascular disease death rate in the nation.¹

Catawba County Data

The table compares 1999 - 2001 statistical data for Catawba County, North Carolina and the Healthy Carolinians 2010 objective. The statistics refer to the number of deaths per 100,000 population (age adjusted).

	North Carolina	Catawba County	2010 Objective
HEART DISEASE			
White Population	242.5	238.9	
White Females	192.7	195.5	
White Males	309.5	294.4	
Minority Population	280.0	231.6	
Minority Females	233.9	190.3	
Minority Males	348.5	308.3	
Total Population	246.0*	235.9*	219.8
STROKE			
White Population	69.3	72.5	
White Females	67.9	67.6	
White Males	69.3	82.0	
Minority Population	92.1	77.0	
Minority Females	82.8	75.0	
Minority Males	103.9	119.2	
Total Population	73.6	73.3	61.0

* revised rates based on population standard revision since original publication of other data

(Source: State Center for Health Statistics)

Heart disease deaths are declining in both North Carolina and Catawba County. The following table shows the declining trends in heart disease deaths since 1989 through 2001. The statistics refer to the number of deaths per 100,000 population, age adjusted.

	1989 – 1993	1994 – 1998	1999 – 2001
North Carolina	316.3	282.0	246.0
Catawba County	318.3	264.5	235.9

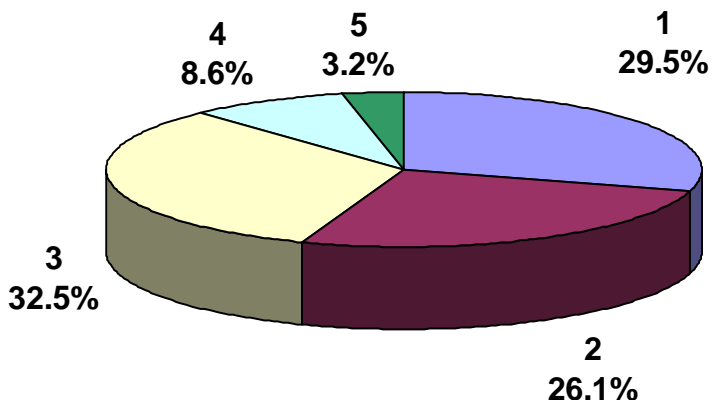
(Source: NC DHHS State Center for Health Statistics)

Community Assessment Survey Results

How Serious of an Issue are *Deaths from Heart Disease* in the Community?

(Source: 2003 Catawba County Community Assessment Survey)

AVERAGE RATING 2.3

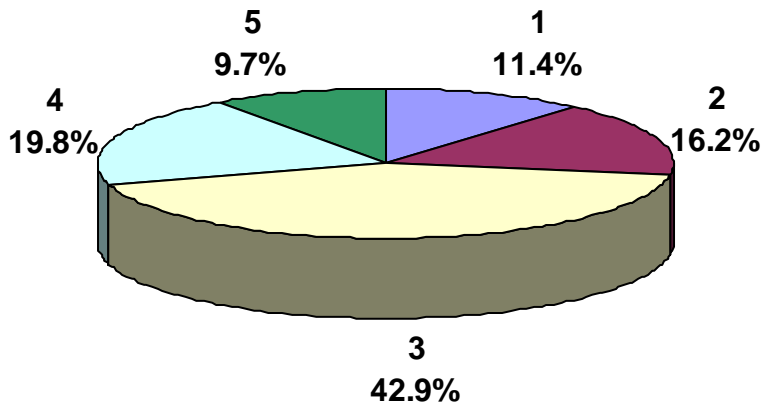


Percentages are based on all survey responses with an opinion. 23.6% of survey respondents had no opinion. The responses are rated on a scale of 1 to 5 with 1 being very serious and 5 being not serious at all.

How Adequately is *Deaths from Heart Disease* Being Addressed in the Community?

(Source: 2003 Catawba County Community Assessment Survey)

AVERAGE RATING 3.0

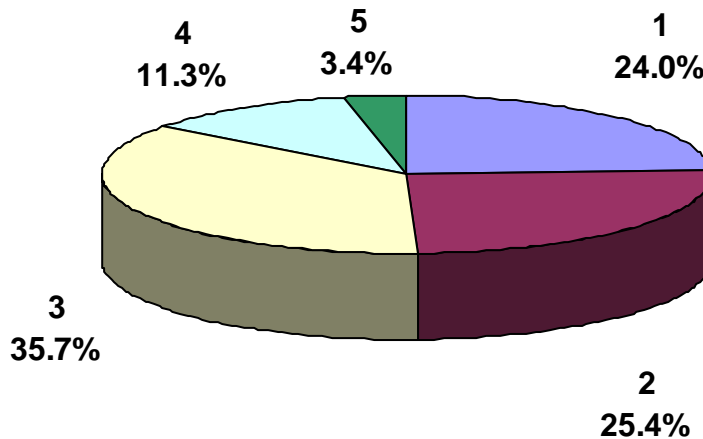


Percentages are based on all survey responses with an opinion. 26.6% of survey respondents had no opinion. The responses are rated on a scale of 1 to 5 with 1 being very adequate and 5 being very inadequate.

How Serious of an Issue are *Deaths from Stroke* in the Community?

(Source: 2003 Catawba County Community Assessment Survey)

AVERAGE RATING 2.4

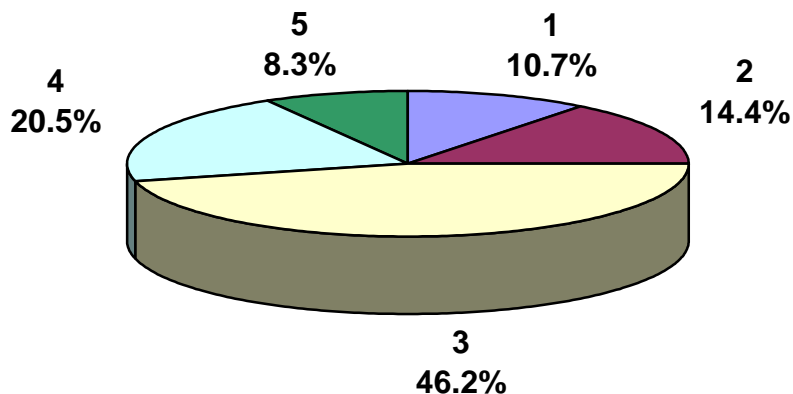


Percentages are based on all survey responses with an opinion. 24.2% of survey respondents had no opinion. The responses are rated on a scale of 1 to 5 with 1 being very serious and 5 being not serious at all.

How Adequately are *Deaths from Stroke* Being Addressed in the Community?

(Source: 2003 Catawba County Community Assessment Survey)

AVERAGE RATING 3.0



Percentages are based on all survey responses with an opinion. 27.5% of survey respondents had no opinion. The responses are rated on a scale of 1 to 5 with 1 being very adequate and 5 being very inadequate.

Current Strategies and Resources Available in Catawba County

- Both hospitals in Catawba County, Catawba Valley Medical Center and Frye Regional Medical Center, offer comprehensive cardiac rehabilitation programs that include nutrition counseling, smoking cessation, and stress management. Both programs graduate the patient from a cardiac rehabilitation program into a structured fitness regimen where they can continue to exercise on a regular basis.
- The Health First Center, located at Valley Hills Mall, is a community health education center operated by Catawba Valley Medical Center. The Health First Center performs routine blood pressure checks for visitors. They provide community and industrial outreach programs by offering blood pressure and cholesterol checks to Catawba County residents through the use of their mobile medical unit.
- Catawba Valley Medical Center offers a number of educational classes each month to address the risk behaviors associated with heart disease and stroke.
- Because smoking is a leading risk factor for heart disease, the Catawba County Health Department, along with both hospitals, offers a rotating schedule to ensure that the Fresh Start Smoking Cessation classes are available at one of the three locations throughout the year.
- Frye Regional Medical Center offers a monthly stroke support group to stroke survivors and their family and friends.

Conclusions

- There is a disparity between minority and white males with relation to stroke - minority males are more than 45% more likely to die from a stroke than white males.
- Catawba County's death rate per 100,000 population due to:
 - Heart disease is slightly higher for white females than that of North Carolina and exceeds the Healthy Carolinians 2010 objectives for the total population.
 - Stroke is higher for both white and minority males than that of North Carolina and exceeds the Healthy Carolinians 2010 objectives.

1. The North Carolina Heart Disease and Stroke Prevention Task Force. (2001). www.startwithyourheart.com
2. Cardiovascular Health Branch. (2002). www.communityhealth.dhhs.state.nc.us

Diabetes

Overview

Diabetes is a disease that affects the body's ability to produce or respond to insulin, which allows glucose to enter the body's cells and be converted into energy. An estimated 584,000 North Carolinians are living with diabetes, and unfortunately, one third of these individuals don't even know they have it³. Diabetes is a major contributing factor to blindness, lower limb amputation, cardiovascular disease, and kidney disease.⁴ In 2000, diabetes was the fifth leading cause of death in North Carolina.⁴ According to the North Carolina Diabetes Prevention and Control Unit, older adults, obese individuals, African and Native Americans, and persons of lower socioeconomic status are the most susceptible to developing the disease. Type II diabetes, which accounts for 90 to 95% of all diabetes cases, has been linked to obesity, physical inactivity, and poor nutrition habits. Although there is no cure, controlling blood sugar can delay or prevent further complications associated with the disease.

North Carolina Data

- The prevalence of diabetes in North Carolina increased 30% from 1993 to 2000⁴
- The prevalence of diabetes in North Carolina is higher than the national median.⁴
- Each year, an estimated 7,413 North Carolinians die as a result of complications associated with diabetes.⁴
- According to the North Carolina State Center for Health Statistics, the prevalence of diagnosed diabetes increased from 4.5% to 6.4% from 1995 to 2000, which represented a 42 percent increase.

Catawba County Data

The table below shows the increasing trends in diabetes deaths since 1989 through 2001. Many healthcare professionals and researchers feel the increase in diabetes in the United States can be directly attributed to the increase in obese adults and children throughout our nation.³ The statistics refer to the number of deaths per 100,000 population, age adjusted.

	1989 – 1993	1994 – 1998	1999 – 2001
North Carolina	22.9	25.3	26.5
Catawba County	19.8	24.7	23.8

(Source: NC DHHS State Center for Health Statistics)

- In 2000, an estimated 6,422 adults in Catawba County had been diagnosed with diabetes.⁴
- Annual hospitalization charges for diabetes reached almost \$31 million in 2000 in Catawba County alone.⁴

- The annual hospital charge for diabetes per Catawba County resident in \$218 per year.⁴

The table compares 1999 - 2001 statistical data for Catawba County, North Carolina and the Healthy Carolinians 2010 objective. The statistics refer to the number of deaths per 100,000 population, age adjusted.

	North Carolina	Catawba County	2010 Objective
Diabetes (Primary Only)			
White Population	21.1	20.9	
Females	18.7	12.9	
Males	24.0	33.4	
Minority Population	52.0	61.7	
Females	51.6	54.7	
Males	51.9	81.8	
Total Population	26.5	23.8	
Diabetes (Primary and Secondary)			
Total Population	97.0	93.8	67.4

* revised rates based on population standard revision since original publication of other data

(Source: State Center for Health Statistics)

Community Assessment Survey Results

This issue was not addressed within the content of survey questions.

Current Strategies and Resources Available in Catawba County

- The Health First Center, located at Valley Hills Mall, is a community health education center operated by Catawba Valley Medical Center. The Center performs glucose screenings at health fairs and travels to various industries and other locations to do glucose screenings through the use of their mobile medical unit.
- Catawba Valley Medical Center's Diabetes Center offer glucose screenings and provide nutritional counseling as well as other services to help patients control or manage their diabetes.
- Frye Regional Medical Center employs a full-time Diabetes Educator who is available to assist patients with diabetes related issues. Services include Diabetes Type II education for prevention, control, and management of the disease.
- An Endocrinologist from Baptist Hospital, located in Winston-Salem, offers monthly services at the Northwest Area Health Education Center (AHEC), located at Catawba

Valley Medical Center, to aid in the identification of children who may be diabetic.

- Frye Regional Medical Center offers a monthly diabetes management support group.
- Access Care of Catawba County, the managed care program for Catawba County Medicaid recipients, identifies diabetic patients within their physician network. Access Care provides case management services to ensure proper management of diabetes; fewer hospital inpatient stays, and less emergency room visits.
- The pharmacist at Fairbrook Medical Clinic in Catawba County hosts a weekly Diabetes Management class that is open to the general public.

Conclusions

Primary and Secondary Diabetes

- Although Catawba County's rate of diabetes per 100,000 population for the total population is lower than North Carolina, it is significantly higher than the 2010 objective per 100,000 for the total population.

Primary Diabetes Only

- A disparity exists between minorities and whites - minorities are almost three times as likely to die from diabetes as whites.
- According to the death rates per 100,000 population, more males are dying from diabetes than females, regardless of race.
- Diabetic deaths per 100,000 population for white and minority males in Catawba County exceed the number of deaths per 100,000 population for North Carolina.
- Diabetic deaths per 100,000 population for the minority population in Catawba County, both male and female, exceed the number of deaths per 100,000 population for North Carolina.
- Minorities are more likely to suffer from diabetes than whites in both Catawba County and North Carolina..

3. Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. (1990 – 2000).

4. The Burden of Diabetes in Catawba County and North Carolina. (2000). The North Carolina Diabetes Prevention and Control Unit

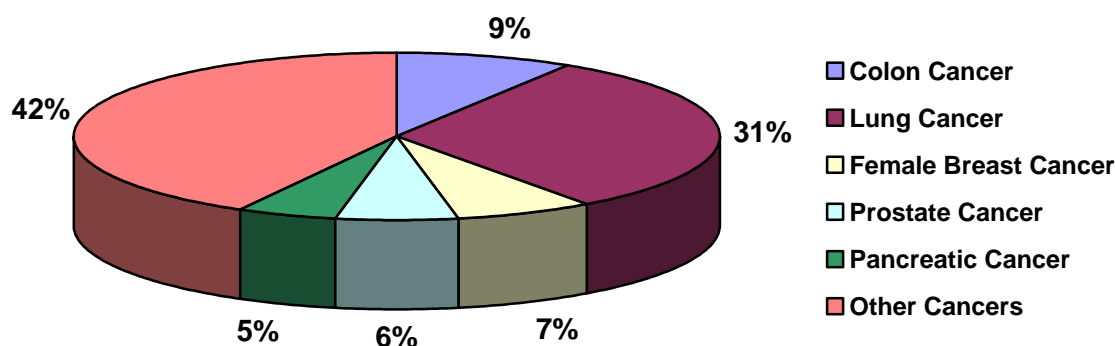
Cancer

Overview

Cancer is a group of diseases characterized by uncontrolled growth and spread of abnormal cells. It is the second leading cause of death in North Carolina and in the United States. Although lung cancer is the leading cause of cancer deaths among males and females, breast and prostate cancer are the most commonly diagnosed sites. Studies show that one woman is diagnosed with breast cancer every three minutes in the United States, and one in eight women will suffer from the disease in their lifetime.⁵ According to the North Carolina Department of Health and Human Resources Division of Public Health, it is estimated that 40% of North Carolinians will develop cancer during their lifetime.

2001 North Carolina Cancer Deaths with Percentages by Site

(Source: 2003 Health of North Carolinians: A Profile)



National Data

- “About 1 million new cases of cancer will be diagnosed in the United States in 2003 and about half a million people will die of the disease. Improvements in cancer detection, diagnosis, and treatment have increased the survival rate for many types of cancer. About 60% of all people diagnosed with cancer will be alive 5 years after treatment.” (Quoted from the National Cancer Institute)
- “Breast cancer is the most common cancer in women accounting for 32% of all female cancers. Breast cancer is responsible for 15% of cancer deaths in women and is second only to lung cancer. The American Cancer Society estimates that 211,300 new invasive cases of breast cancer will be diagnosed in women in the United States during 2003. During the 1980s, the breast cancer incidence rates increased about 4% per year but they have leveled off in the 1990s to about 110.6 cases per 100,000.” “Although the disease is rare in men, approximately 1% of all breast cancers occur in men (a female to male ratio of 100:1).” (Quotes from cancerfacts.com)
- “Lung cancer is one of the most common cancers in the United States, accounting for about 15% of all cancer cases, or 170,000 new cases each year. At this time, over half of the lung cancer cases in the United States are in men, but the number found in

women is increasing and will soon equal that in men. Today more women die of lung cancer than of breast cancer.” (Quote from <http://www.meds.com>)

- “Prostate cancer is the most common cancer, excluding non-melanoma skin cancers, in American men. The American Cancer Society estimates that approximately 220,900 new patients will be diagnosed with prostate cancer in 2003. The lifetime risk of developing prostate cancer is approximately 10% and the risk that a man will die of prostate cancer is less than 5%.” (Quotes from cancerfacts.com)

Catawba County Data

The table shows the trend in all cancer deaths since 1989 through 2001. The statistics refer to the number of deaths per 100,000 population, age adjusted.

	1989 – 1993	1994 – 1998	1999 - 2001
North Carolina	214.2	210.1	198.2
Catawba County	213.3	216.6	204.9

(Source: NC DHHS State Center for Health Statistics)

The table shows 1996 – 2000 incidence rates of breast cancer and prostate cancer for Catawba County. The results are shown in the number of cases and also as cases per 100,000 population (age-adjusted to the 2000 US Census).⁶

	Number of Cases	Rate
Breast cancer (female only)	604	161.2
Prostate cancer	480	158.8

(Source: NC DHHS State Center for Health Statistics)

The table compares 1999 – 2001 statistical data for Catawba County, North Carolina and the Healthy Carolinians 2010 objectives. The statistics refer to the number of deaths per 100,000 population, age adjusted.

	North Carolina	Catawba County	2010 Objective
All Cancers (Males and Females)	198.2*	204.9*	166.2
Prostate Cancer (Males only)			
White Population	26.3	27.4	
Minority Population	68.4	89.1	
Total Population	33.9	31.3	
Breast Cancer (Females only)			
White Population	23.3	25.5	
Minority Population	31.2	9.1	
Total Population	25.3	24.5	22.6

* revised rates based on population standard revision since original publication of other data

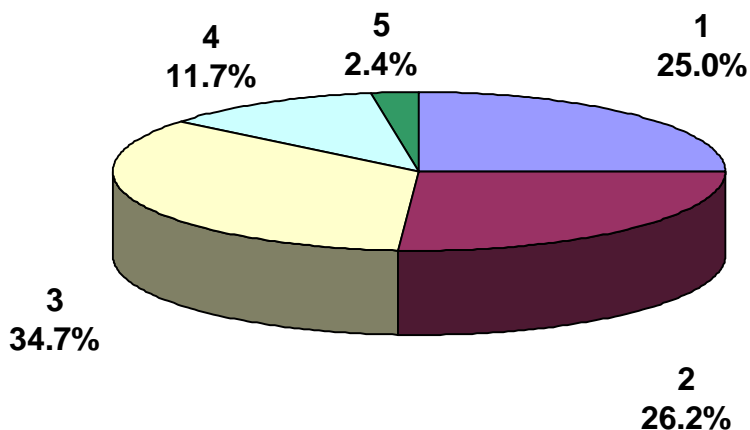
(Source: State Center for Health Statistics)

Community Assessment Survey Results

How Serious of an Issue are *Deaths from Breast Cancer* in the Community?

(Source: 2003 Catawba County Community Assessment Survey)

AVERAGE RATING 2.4

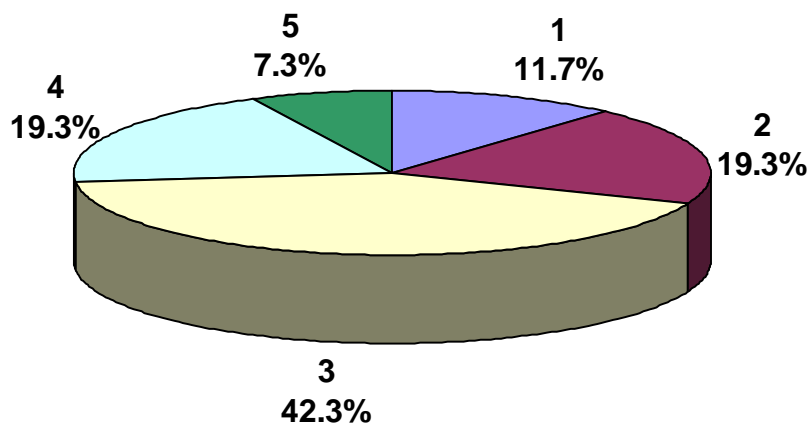


Percentages are based on all survey responses with an opinion. 22.9% of survey respondents had no opinion. The responses are rated on a scale of 1 to 5 with 1 being very serious and 5 being not serious at all.

How Adequately are *Deaths from Breast Cancer* Being Addressed in the Community?

(Source: 2003 Catawba County Community Assessment Survey)

AVERAGE RATING 2.9

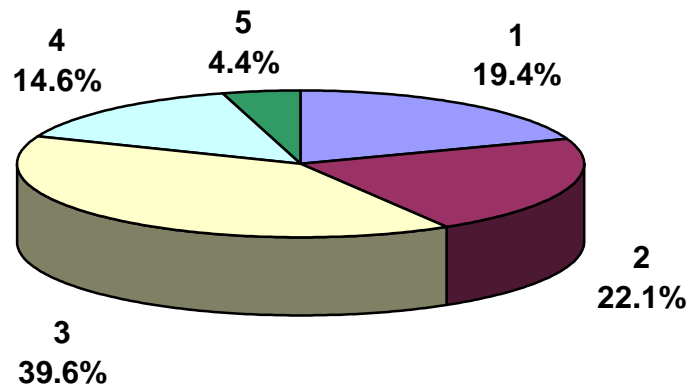


Percentages are based on all survey responses with an opinion. 24.6% of survey respondents had no opinion. The responses are rated on a scale of 1 to 5 with 1 being very adequate and 5 being very inadequate.

How Serious of an Issue are *Deaths from Prostate Cancer* in the Community?

(Source: 2003 Catawba County Community Assessment Survey)

AVERAGE RATING 2.6

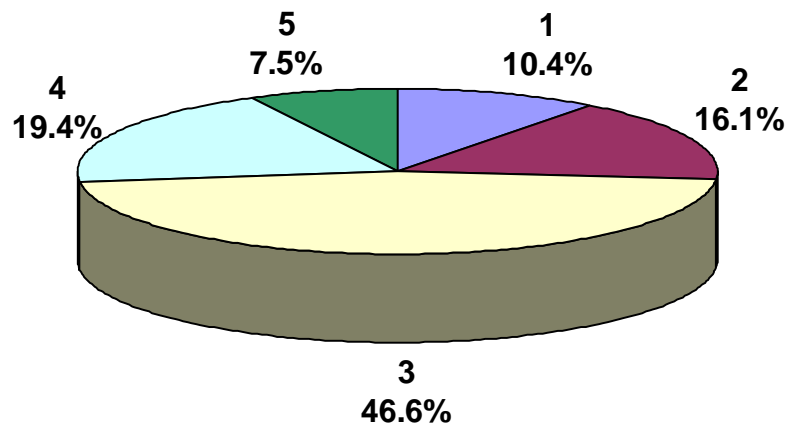


Percentages are based on all survey responses with an opinion. 26.3% of survey respondents had no opinion. The responses are rated on a scale of 1 to 5 with 1 being very serious and 5 being not serious at all.

How Adequately are *Deaths from Prostate Cancer* Being Addressed in the Community?

(Source: 2003 Catawba County Community Assessment Survey)

AVERAGE RATING 3.0



Percentages are based on all survey responses with an opinion. 28.5% of survey respondents had no opinion. The responses are rated on a scale of 1 to 5 with 1 being very adequate and 5 being very inadequate.

Current Strategies and Resources Available in Catawba County

- The Health First Center, located at Valley Hills Mall, is a community health education center operated by Catawba Valley Medical Center. The Center conducts annual prostate screenings complete with colonoscopies and PSA antigen testing. The Center travels to numerous industries in Catawba County offering PSA screenings.
- The Catawba County Health Department received a Susan G. Komen Breast Cancer Foundation grant and a Kate B. Reynolds Charitable Trust grant to provide women with funds to defray the cost of seeking treatment for abnormal breast findings and to ensure that women get the necessary diagnostic tests and referrals.
- The Health Department partners with Catawba Valley Medical Center to provide on-site mammograms in the hospital's mobile unit.
- The Health Department's Women's Preventative Health Clinic provides pap smear screening and clinical breast exams, as well as also providing colposcopy exams for women with abnormal pap smears.
- The Health Department's Breast and Cervical Cancer Control Program (BCCCCP) serves women aged 40 and older. The Program provides physical exams complete with lab work, pap tests, breast self exam instruction, and hormone replacement therapy to ensure that breast and cervical cancer are detected as early as possible to maximize treatment options.
- Frye Regional Medical Center offers cancer screenings at various locations throughout the year. They offer a number of programs to support cancer patients such as:
 - Survivors Journey, an educational support group that features cancer-related topics;
 - Look Good – Feel Better, a free program for women undergoing cancer treatment and offers beauty techniques to enhance the patient's self confidence and foster a positive self image; and
 - Bosom Buddies, a monthly support group that at the Cancer Resource Center at the hospital.

Conclusions

- Cancer deaths per 100,000 population in Catawba County are not only higher than North Carolina, but they far exceed the recommended 2010 objective; however, the adults surveyed do not perceive prostate and breast cancer deaths to be a very serious issue of concern in their community.

- There is a large disparity between minority and white males - minority males are over three times more likely to die from prostate cancer than white males.
- Breast cancer deaths per 100,000 population for minority females in Catawba County are less than 1/3 the same rate when compared to minority females in North Carolina.
- Prostate cancer deaths per 100,000 population are lower in Catawba County per than in North Carolina.

5. Breast Cancer Facts. (2003). <http://brandmind.com/rftc/facts/index.html>

6. 1996 – 2000 Cancer Incidence Rates by County for Selected Sites per 100,000 Population. (2000). www.schs.state.nc.us

Asthma

Overview

Asthma is one of the most common illnesses among children and, although it is rarely reported as a cause of death for them, it often results in serious consequences such as hospitalization and increased medical expenses. During an asthma attack, the airways get narrow making it difficult to breathe. Symptoms of attacks include wheezing, shortness of breath, and coughing. Without immediate and appropriate attention, these symptoms can result in death. According to the Environmental Council of the States and the Association of State and Territorial Health Officials, an estimated \$12.7 billion was spent on asthma in the United States alone in 2000, and rates have risen since that time. Research shows the prevalence rates for asthma are not only growing in North Carolina but nationally as well, with an estimated 15 million Americans currently suffering with the disease.⁷ Nearly one in thirteen children in the United States has asthma. Low income populations, minorities, and individuals living in urban areas appear to be at the greatest risk for developing the disease.⁸

North Carolina Data

- In 2000, over 10% of North Carolinians (808,000 people) reported being diagnosed with asthma at some point in their life and 7.1% of North Carolinians (565,000 people) currently have asthma.⁹
- Each year, approximately 180 people die of asthma in North Carolina.⁹
- Between 1996 and 2000, there were 53,579 hospitalizations due to asthma in North Carolina. Hospital discharge rates were approximately twice that in boys compared to girls under 5 years of age; however, they were twice as high for elderly women ages 65 and over compared to men.⁹

Catawba County Data

The table compares 1999 – 2001 statistical data for Catawba County, North Carolina and the Healthy Carolinians 2010 objective. The statistics refer to the number of hospitalizations due to Asthma per 100,000 population.

	North Carolina	Catawba County	2010 Objective
0 to 14 years of age	203.0	130.6	
Total Population	127.0	68.9	118.0

(Source: State Center for Health Statistics)

The table compares 1999 – 2000 school year statistical data for Catawba County and North Carolina. Nearly 129,000 7th and 8th graders representing 99 counties in North Carolina completed the asthma survey, with approximately 2,875 of these students being from Catawba County.

Indicator	North Carolina	Catawba County
Current Wheezing	27%	25%
Currently Diagnosed Asthma	10%	8%
Current Wheezing With No Diagnosis	17%	17%
Missed At Least Half a Month of School Due to Wheezing or Breathing Problems	12%	10%
Sleep Disturbances in Last 4 Weeks Due to Wheezing or Breathing Problems	15%	14%
Limiting Activities Due to Wheezing or Breathing Problems	12%	10%
Currently Smoked in the Last 30 Days	16%	13%
Use an Inhaler At Least Once a Month	13%	9%
Permission to Carry Inhaler at School	64%	66%

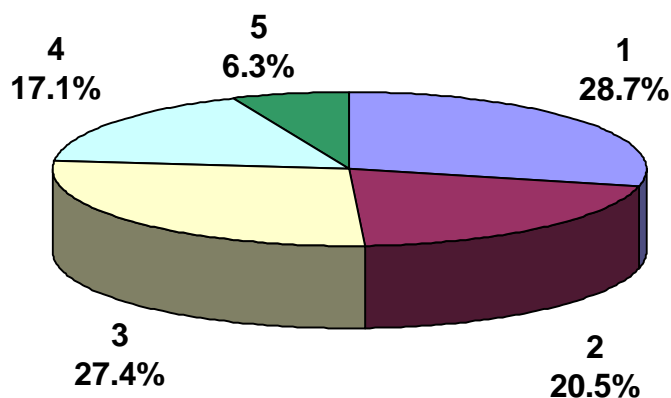
(Source: North Carolina Department of Health and Human Services School Asthma Survey)

Community Assessment Survey Results

How Serious of an Issue is *Air Pollution* in the Community?

(Source: 2003 Catawba County Community Assessment Survey)

AVERAGE RATING 2.5

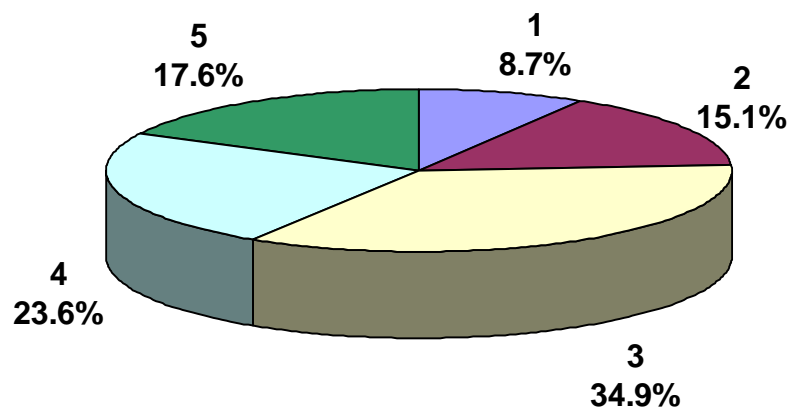


Percentages are based on all survey responses with an opinion. 10.1% of survey respondents had no opinion.
The responses are rated on a scale of 1 to 5 with 1 being very serious and 5 being not serious at all.

How Adequately is *Air Pollution* Being Addressed in the Community?

(Source: 2003 Catawba County Community Assessment Survey)

AVERAGE RATING 3.3



Percentages are based on all survey responses with an opinion. 13.4% of survey respondents had no opinion.
The responses are rated on a scale of 1 to 5 with 1 being very adequate and 5 being very inadequate.

Current Strategies and Resources Available in Catawba County

- There are two Asthma / Allergy specialists located in Catawba County who provide comprehensive screenings and treatment plans for asthmatic children and adults.
- There are a number of Ear, Nose, and Throat specialists located in Catawba County who are capable of diagnosing asthma. The specialists develop management and treatment plans for their patients diagnosed with asthma or refer them to the Asthma / Allergy specialists for health care.
- Catawba County's Ozone Awareness and Prevention Program is a collaborative effort in which healthcare providers and agencies attempt to positively impact clean air efforts in Catawba and its surrounding counties. They provide ozone presentations and email alerts to county government employees, encourage carpooling on high ozone days, and post "bad air" alerts in public view at county agency exits. They worked closely with childcare centers and the three school systems to adopt an ozone policy and address the issue in other ways.
- The Health Department utilizes the American Lung Association's Open Airways program so children, their parents, their school nurse, and the child's personal physician can work out an individualized care plan for the child. This plan attempts to prevent future asthma attacks and monitor the severity of the disease while the child is both at home and at school.
- Frye Regional Medical Center offers a support group, Better Breather's Club, for people who suffer from respiratory illness or lung disease. The hospital sponsors Camp Air Adventure, an asthma camp for children ages 8 – 12.
- Access Care of Catawba County, a managed care program for Catawba Care Medicaid recipients, identifies asthma patients within their physician network and provides education and resources to ensure proper management of their asthma. By sharing effective treatment modalities with healthcare providers within their network, asthma patients of these practices have fewer hospital stays and emergency room visits. Non-Medicaid asthma patients have also benefited from Access Care by having fewer hospital stays and emergency room visits as well.
- The Health Department, the three Catawba County school systems, and the school nurses work closely with a Respiratory Consulting group to help severe asthmatic students classified as a Level II or higher asthmatics. Their goals include better control of asthma symptoms, ensure students know how to correctly use inhalers, and ultimately decrease their rate of attacks and absences from school.
- The Catawba County Board of Health, Public Health Department, and Environmental Health Division are committed to improving air quality in Catawba County. The counties of Catawba, Burke, Caldwell, Alexander, and the cities of Hickory, Morganton, Lenoir, Taylorsville, Newton, and Conover have joined an Early Action

Contract with the State of North Carolina and the Environmental Protection Agency (EPA) to take steps in the areas of industry, transportation, and personal behavior to lower ozone levels in the area. The Environmental Health Division of the Health Department provides information on outdoor and indoor air quality and how it affects an individual's health.

- Although there are no state or federal statutes or regulations regarding molds and indoor air quality, the Environmental Health Division of the Public Health Department makes various publications regarding mold and indoor air quality available to the public. Molds have been implicated as the cause of a variety of health effects in humans ranging from minor allergic reactions and exacerbation of asthma to brain damage. The key to limiting mold exposure is to prevent the germination and growth of mold. The Environmental Health Division assists in limiting exposure by educating the general public, landlords, building maintenance personnel, architects, and builders on how to effectively eliminate or avoid mold growth which might arise from lifestyle choices or maintenance and construction practices.
- The Catawba County Employee Ozone Committee developed an ozone plan for all orange or red ozone alert days for Catawba County employees and/or citizens including:
 - Improved briefer and more colorful county-wide email ozone alerts to be sent on ozone alert days;
 - New and improved signs were posted at entrances and exits to all county buildings on ozone alert days;
 - All county libraries distributed orange bookmarks on orange days and red bookmarks on red days containing ozone awareness and prevention information;
 - Ozone PSA's continued to run on the government channel throughout ozone season and the county web page continued to link to daily ozone forecast;
 - All employees were encouraged to carpool or rideshare on ozone alert days;
 - Continue to explore a county carpooling/ridesharing program; and
 - All employees were encouraged to order in or carpool to lunch on ozone alert days.
- All three Catawba County school systems have adopted a school ozone policy for ozone alert days similar to the daycare policy. This means all children in congregate care from birth to age 18 are protected during the day during ozone season while in childcare centers or public schools in Catawba County.

Conclusions

- Catawba County is well below the 2010 objective for asthma hospitalizations.
- Catawba County is significantly lower than North Carolina in terms of asthma hospitalizations per 100,000 population for both the 0 to 14-age range and the total population.

- Catawba County appears to be doing an effective job in controlling the incidence of asthma attacks within their county; however, on average, the adults surveyed felt the issue of air pollution, a major contributing factor to asthma attacks, isn't being adequately addressed within their community.

-
7. Clear Your Home of Asthma Triggers. (1999). United States Environmental Protection Agency Office of Air and Radiation
 8. Catching Your Breath: Strategies to Reduce Environmental Factors that Contribute to Asthma in Children. (2003). ECOS – ASTHO Asthma Report
 9. The North Carolina State Asthma Plan. (2002). Asthma Alliance of North Carolina

HEALTH PROMOTION



Tobacco Use

Overview

Tobacco use prematurely kills over 430,000 Americans each year from smoking related diseases; however, it is the most preventable cause of death in the United States.¹ Although healthcare professionals have done an excellent job in getting adults to stop smoking, there have been an ever-increasing number of adolescents and teens taking up the habit. According to the NC Youth Risk Behavior Survey, teen tobacco use rates have increased by 40.8% in North Carolina over the past six years. In 1995 an FDA statement said 3,000 teens become daily smokers everyday and one third will die of a smoking-related disease.² The earlier individuals start to smoke, the harder it will be for them to quit later and the more likely they will die prematurely. According to the Centers for Disease Control and Prevention, tobacco use kills more people each year than fires, car accidents, murders, suicides, alcohol, drug use, and AIDS combined, and it results in an annual cost of more than \$75 billion in direct medical costs each year in the United States.

National and North Carolina Data

The table shows the increased prevalence of tobacco use in Western North Carolina compared to tobacco use in North Carolina. The data is from a public school-based survey of students in grades 6 – 12, conducted in 1999 and 2001.

Indicator	North Carolina	Western North Carolina
Have Ever Used a Tobacco Product	68.8%	71.1%
Have Ever Smoked a Cigarette	64.2%	66.5%
Currently Use a Tobacco Product	35.8%	38.7%
Currently Smoke Cigarettes	27.8%	29.8%
Currently Use Smokeless Tobacco	8.9%	12.6%

(Source: North Carolina 2001 Youth Tobacco Survey)

- 33 North Carolinians die every day from diseases caused by cigarette smoking.²
- 12,000 or 1 in 5 deaths in North Carolina can be attributed to a tobacco-related illness in 1999.²
- In 1997 36% of North Carolina high school students are currently using a tobacco product.²

Catawba County Data

The table shows the prevalence of smoking among 8th, 10th and 12th grade students in Catawba County for 2000.

Indicator	8th Graders	10th Graders	12th Graders
Experimented with Tobacco Products	49%	55%	70%
Currently Use a Tobacco Product	11%	15%	29%
Smoke More Than a ½ Pack a Day			12%

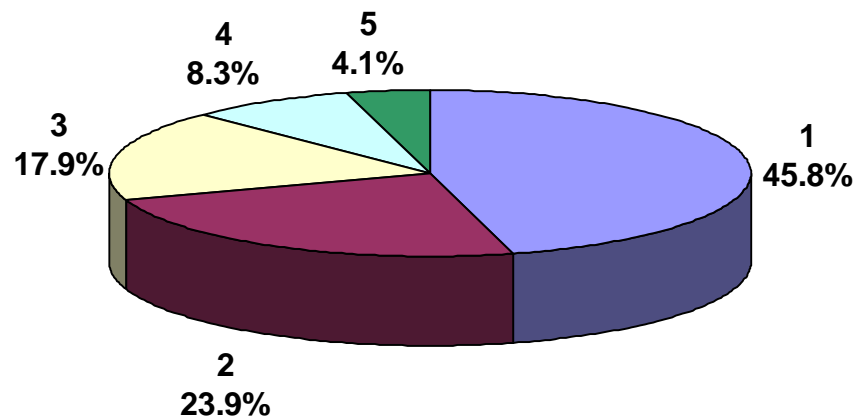
(Source: 2000 Search Institute Profiles of Student Attitudes and Behaviors)

Community Assessment Survey Results

How Serious of an Issue is *Tobacco Use* in the Community?

(Source: 2003 Catawba County Community Assessment Survey)

AVERAGE RATING 2.0

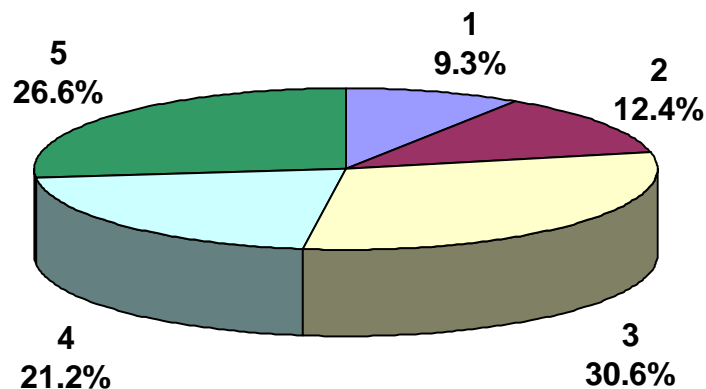


Percentages are based on all survey responses with an opinion. 5.1% of survey respondents had no opinion. The responses are rated on a scale of 1 to 5 with 1 being very serious and 5 being not serious at all.

How Adequately is *Tobacco Use* Being Addressed in the Community?

(Source: 2003 Catawba County Community Assessment Survey)

AVERAGE RATING 3.4



Percentages are based on all survey responses with an opinion. 9.4% of survey respondents had no opinion. The responses are rated on a scale of 1 to 5 with 1 being very adequate and 5 being very inadequate.

Current Strategies and Resources Available in Catawba County

- The Council on Adolescents offers a tobacco prevention program, CHOICES (Communicating Healthy Options Inspiring Confidence and Empowering Students) that is taught in middle schools.
- Hickory Public Schools is one of three school districts located in Catawba County. The Hickory Public Schools Board has elected to adopt a 100% tobacco free school policy, which prohibits the use of tobacco products by students, staff, and visitors at all times.
- Most restaurants and establishments in Catawba County have adopted smoke-free policies or offer smoking and non-smoking sections.
- The Catawba County Health Department was 1 of 27 agencies in North Carolina to receive a tobacco prevention and cessation grant from the North Carolina Health and Wellness Trust Fund Commission. These funds will be used to target adolescents and teens between the ages of 10 and 18 in Catawba County.
- The Catawba County Health Department provides anti-tobacco presentations to the middle schools in Catawba County to raise awareness of the dangers associated with tobacco use. They also co-sponsor “Tobacco Free Nights at the Ballpark.”
- The Catawba County Health Department, Catawba Valley Medical Center, and Frye Regional Medical Center have partnered to ensure that Freshstart smoking cessation classes are offered to adults in the community.
- The DARE program is offered at each of the middle schools throughout Catawba County.
- Catawba County’s Department of Social Services offers a program, TEEN UP, that addresses many issues that face teens today. They offer a tobacco component that encourages teens to stay tobacco free.
- Counseling and Substance Abuse Services of Catawba County offers a tobacco prevention program as a component of their substance abuse counseling services.
- Fred Haywood, a cancer survivor who has had a larynectomy, is a tobacco educator employed by Frye Regional Medical Center. Fred not only educates in the three school systems in Catawba County, he travels around to other counties to educate students in those schools as well concerning tobacco use.
- As a part of the physical exam provided by the Women’s Preventative Health Clinic to low-income women, assessing a woman’s current smoking status has become a vital component in the health risk appraisal. The staff has been trained as American Cancer Society Fresh Start facilitators and has established a smoking cessation

program for patients and the community to educate them on the dangers associated with tobacco use and assist them in quitting.

- The Health Department received a grant from the March of Dimes entitled “Kicking Butts for Babies.” The program allows staff to make a comprehensive assessment of women and educate them on the dangers of smoking to both the baby and the mother. Cessation classes are offered to the mothers and incentives are provided upon their completion of the program. Follow-up is provided to all patients to ensure that they move to a stage of readiness to quit or stay quit if they’ve made the decision to do so.

Conclusions

- 12% of the 12th graders in Catawba County report smoking more than ½ pack of cigarettes each day.
- 11% of 8th graders, 15% of 10th graders, and 29% of 12th graders report currently using a tobacco product. Cessation classes offered in an attempt to prevent premature death and the consequences associated with tobacco use may be of benefit to these students.
- 49% of 8th graders, 55% of 10th graders, and 70% of 12th graders in Catawba County admit to having experimented with tobacco products. Prevention education to educate adolescents and teens of the dangers associated with tobacco use in an attempt to keep them from initiating the habit may be of benefit to these students..

1. Who’s Still Smoking in NC? (2001). www.cdc.gov/tobacco

2. The Facts on Teen Tobacco Use in North Carolina. (1999). www.communityhealth.dhhs.state.nc.us/tobacco.htm

Teen Pregnancy Rates

Overview

The United States has the second-highest teen birth rates (54 births per 1,000) of the 46 industrialized countries in the world.⁵ However, fewer teens in North Carolina are having babies according to the NC State Center for Health Statistics. Since 1990, teen pregnancy rates have declined by more than 39% in North Carolina and rates for females ages 15 to 19 in 2002 were the lowest reported in over twenty years. The drop in pregnancy rates for minority teens was especially dramatic, falling 9.2 percent from the 2001 rate falling to 87.3 per 1,000 in 2002 after reaching 96.1 per 1,000 in 2001.^{3,5} Becoming pregnant as a teen yields consequences for both the mother and the child. Less than one-third of teens who become pregnant before the age of 18 will earn a high school diploma which often results in these teen mothers being forced to raise their child as a single parent and ultimately living in poverty.⁴ In terms of babies born to teenage mothers, the proportion of babies with low birth weights born to teens is 21% higher than the proportion of mothers age 20 – 24.⁴ Low birth weight makes the infant more prone to death, blindness, deafness, chronic respiratory problems, mental retardation, and cerebral palsy. These infants are twice as likely to suffer from dyslexia or another disability⁴.

National and North Carolina Data

- North Carolina had the 14th highest birth rate for 15 to 19 year olds in the United States with 17,976 teenage girls getting pregnant in 2002.⁵
- In 2001, an average of 52 teenage girls became pregnant each day in North Carolina.³
- 35% of teenage girls in the United States get pregnant at least once before they reach the age of 20.⁴
- The Advocate from Adolescent Pregnancy Prevention Coalition of North Carolina (www.appcnc.org) released the following statements December 2003. The quotes are from an article titled *Risky Sexual Behavior Declines Among NC Teens; However, 3/4 of NC high school students have had sex by graduation*.
 - The percentage of North Carolina high school students who had ever had sexual intercourse decreased from 60.9% in 1997 to 52.5% in 2003.
 - In 2003, 73.5% of 12th graders reported having sexual intercourse.
 - In 2003 10% of high school students had had sex before the age of 13, down from 13% in 1997.
 - In 1997, of the sexually active students 23.2% had had sex with four or more partners. This number decreased to 17.1% in 2003.

- When students were asked if they had used drugs or alcohol before last incidence of sex the numbers remained unchanged with 18.2% in 1997 and 18.1% in 2003.
- There was no significant change in the use of condoms in 1997 - 60.5% and 2003 - 62.1% or birth control: 1997 - 16% and 2003 - 17.6%.
- There was a 2% drop, which appears to be significant, in the number of students that became pregnant or impregnated someone from 8.3% in 1997 to 5.6% in 2003.

Catawba County Data

The table shows decreasing trends in teen pregnancy in Catawba County and North Carolina. The statistics refer to the number of teen pregnancies ages 15 – 19 per 1,000 population.

	1987 - 1991	1992 – 1996	1997 – 2001
North Carolina	102.3	91.3	77.6
Catawba County	102.9	91.8	78.5

(Source: NC DHHS State Center for Health Statistics)

The table compares 2002 Catawba County and North Carolina teen pregnancy rates. There are no Healthy Carolinians 2010 objectives. The statistics refer to the number of pregnancies per 1,000 females aged 15 to 19 years old.

	North Carolina	Catawba County	2010 Objective
White Population	53.6	61.0	
Minority Population	87.3	92.0	
Total Population	64.1	66.1	

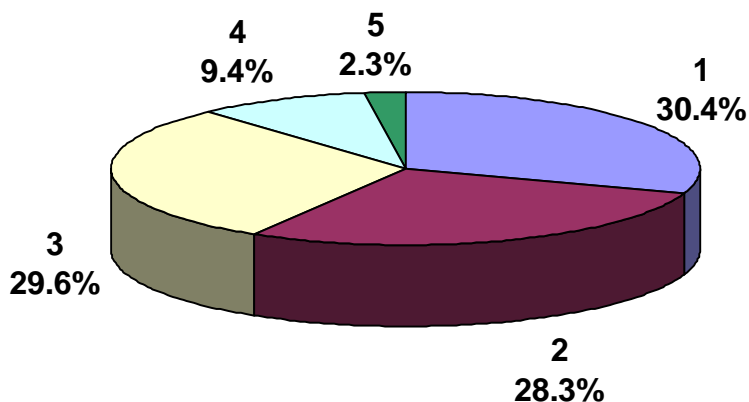
(Source: 2002 State Center for Health Statistics)

Community Assessment Survey Results

How Serious of an Issue is *Teenage Pregnancy* in the Community?

(Source: 2003 Catawba County Community Assessment Survey)

AVERAGE RATING 2.2

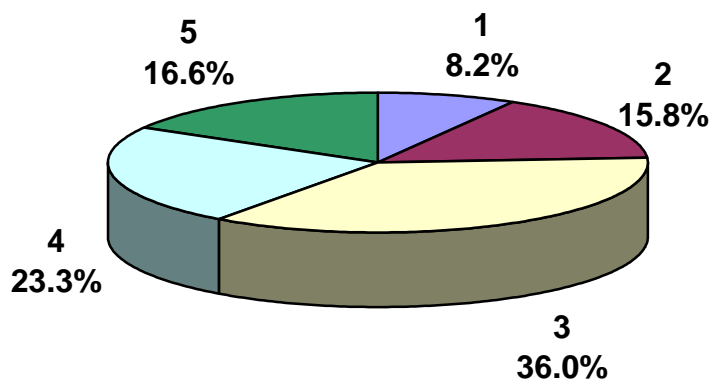


Percentages are based on all survey responses with an opinion. 8.0% of survey respondents had no opinion. The responses are rated on a scale of 1 to 5 with 1 being very serious and 5 being not serious at all.

How Adequately is *Teen Pregnancy* Being Addressed in the Community?

(Source: 2003 Catawba County Community Assessment Survey)

AVERAGE RATING 3.2



Percentages are based on all survey responses with an opinion. 10.2% of survey respondents had no opinion. The responses are rated on a scale of 1 to 5 with 1 being very adequate and 5 being very inadequate.

Current Strategies and Resources Available in Catawba County

- The Council on Adolescents received a teen pregnancy prevention grant and funding from the United Way to educate teens on abstinence.
- The Totally Teens Health Center, a school-linked health center, has a clinic on-site at the Health Department where they educate teens on abstinence and offer counseling services as needed.
- The Health Department provides school nurses to each of the elementary, middle and high schools in Catawba County where they are able to provide educational support.
- The Health Department employs Maternal Child Care Coordinators to provide pregnancy education, get new mothers prepared for her baby's arrival, and have access to a variety of resources throughout the community. These coordinators help ensure that the mother and infant get the necessary care before and after delivery. In working with teenage mothers, the child care coordinators place significant emphasis on preventing a second pregnancy and on ensuring the teenage mother gets back into school and receive her high school diploma.
- Catawba County's Department of Social Services offers a program, TEEN UP, which conducts classes on teen pregnancy and offers a support group for teens who are already parents. The TEEN UP program is primarily focused on preventing early pregnancy and offers year-round education and support to teens aged 9 to 17 years annually.
- The Women's Preventative Health Division at the Health Department provides physical exams to low-income women, including lab work, pap tests, contraceptives, and provides health education on contraception, nutrition, smoking cessation, and self-breast exam.

Conclusions

- Catawba County has a higher teen pregnancy rate per 1,000 white and minority females aged 15 to 19 years old, as well as for the total population for females aged 15 to 19 years old, than North Carolina.
- A disparity exists in the number of minority as compared to white females who are getting pregnant.

3. North Carolina Teen Pregnancy Rates Continue to Decline. (2002). www.dhhs.state.nc.us

4. Teen Pregnancy – So What? (2003). www.teenpregnancy.org

5. Teen Pregnancy rates for 2002 (2003). NCDHHS

Substance Abuse

Overview

There are different terms used to define substance-related disorders, including the following:

“*Substance abuse* is used to describe a pattern of substance (drug) use leading to significant problems or distress such as failure to attend school, substance use in dangerous situations (driving a car), substance-related legal problems, or continued substance use that interferes with friendships and/or family relationships. Substance abuse, as a disorder, refers to the abuse of illegal substances or the abusive use of legal substances. Alcohol is the most common legal drug of abuse”.

“*Substance dependence* is used to describe continued use of drugs or alcohol, even when significant problems related to their use have developed. Signs include an increased tolerance or need for increased amounts of substance to attain the desired effect, withdrawal symptoms with decreased use, unsuccessful efforts to decrease use, increased time spent in activities to obtain substances, withdrawal from social and recreational activities, and continued use of substance even with awareness of physical or psychological problems encountered by extent of substance use”.

“*Chemical dependence* is also used to describe the compulsive use of chemicals (drugs or alcohol) and the inability to stop using them despite all the problems caused by their use”.

Public laws determine the legal use of substances. Cultural and social norms influence acceptable standards of substance use in our society. Peer and Parental substance use are considered two common factors contributing to youthful decisions regarding substance use. During the last 10 years alcohol use among adolescents has increased.

Some adolescents are more at risk of developing substance-related disorders, including adolescents with one or more of the following conditions present:

- Adolescents who are victims of physical, sexual, or psychological abuse;
- Adolescents with mental health problems, especially depressed and suicidal teens physically disabled adolescents; and/or
- Children of substance abusers.

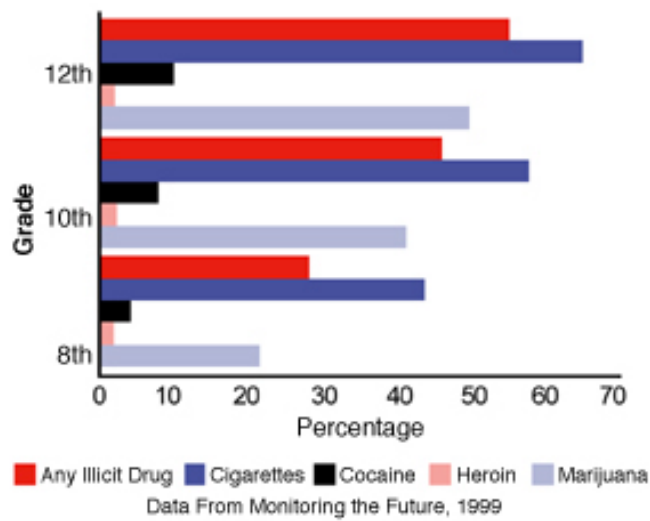
A variety of treatment programs for substance abuse are available on an inpatient or outpatient basis. Which program type to choose is usually based on the type of substance abused. Important features of successful treatment plans can include detoxification, long-term follow-up management (may include formalized group meetings and age-appropriate psychosocial support systems, as well as continued medical supervision), individual psychotherapy and family psychotherapy.⁷

The community assessment survey results revealed respondents felt alcoholism, under-age drinking, and drug abuse to be of concern in their community. For this reason, we have chosen to include these issues with the context of this focus area.

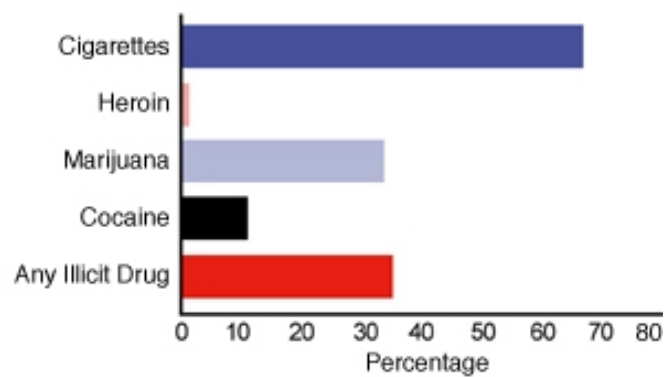
North Carolina Data

- In 2001, 2% of North Carolina adults reported being arrested in the past five years for driving while impaired. The arrest rate for males (4%) was substantially higher than the arrest rate for females (.3%).⁶
- In 2001, about 14% of North Carolina adults reported that a close family member has ever received treatment for a substance abuse problem.⁶
- In 2001, about 5% of North Carolina adults reported that they have ever received counseling for substance abuse including alcohol. The rate for ever receiving counseling was 8.1% for males and 2.6% for females, which denotes a significant difference.⁶
- In 2001, binge drinking among males (15.6%) was at least three times higher than that of females (4.5%), and it was least likely to occur among the lowest educated.⁶
- In 2001, heavy drinking was highest among 18 to 24 year olds (7.2%), males (5.3%), and those with a post high school education (5.3%).⁶
- In 2001, about 42% of North Carolina adults reported drinking alcohol in the past 30 days, with about 52% of males and about 33% of females reporting that they drank in the past month.⁶
- In 2001, African Americans (30.5%) were less likely to drink alcohol than whites (44.5%).⁶
- According to a report from the US Centers for Disease Control and Prevention, teens who smoke are three times more likely than nonsmokers to use alcohol, eight times more likely to use marijuana, and 22 times more likely to use cocaine.
- According to research conducted by the National Institute on Alcohol Abuse and Alcoholism, adolescents who begin drinking before age 15 are four times more likely to develop alcohol dependence than those who begin drinking at age 21.

Teenagers Who Have Ever Used Illicit Drugs



Percentage of U.S. Population (Aged 12 and Over) Who Have Ever Used Drugs of Abuse



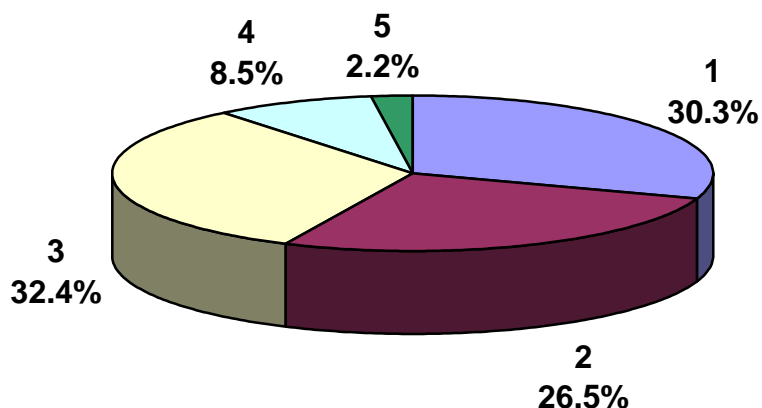
Source: SAMHSA, National Household Survey on Drug Abuse, 1998

Community Assessment Survey Results

How Serious of an Issue is *Alcoholism* in the Community?

(Source: 2003 Catawba County Community Assessment Survey)

AVERAGE RATING 2.3

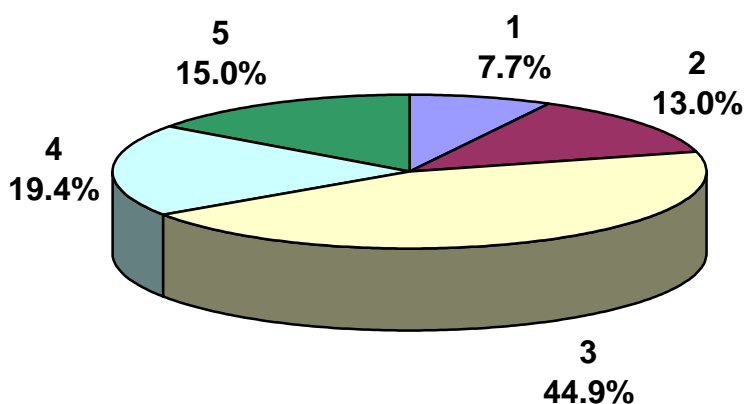


Percentages are based on all survey responses with an opinion. 6.5% of survey respondents had no opinion. The responses are rated on a scale of 1 to 5 with 1 being very serious and 5 being not serious at all.

How Adequately is *Alcoholism* Being Addressed in the Community?

(Source: 2003 Catawba County Community Assessment Survey)

AVERAGE RATING 3.2

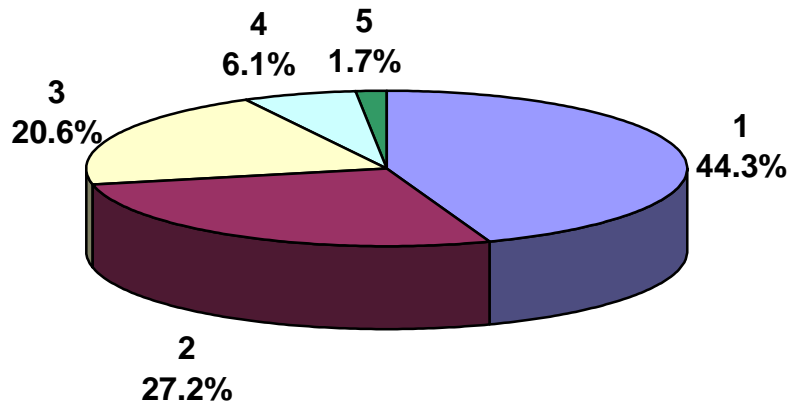


Percentages are based on all survey responses with an opinion. 9.6% of survey respondents had no opinion. The responses are rated on a scale of 1 to 5 with 1 being very adequate and 5 being very inadequate.

How Serious of an Issue is *Under-Age Drinking* in the Community?

(Source: 2003 Catawba County Community Assessment Survey)

AVERAGE RATING 1.9

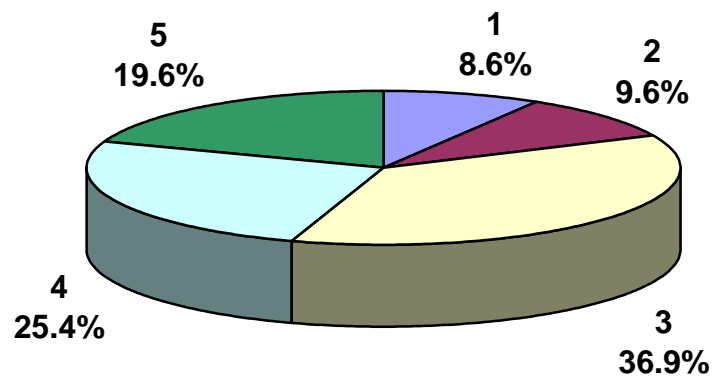


Percentages are based on all survey responses with an opinion. 4.4% of survey respondents had no opinion.
The responses are rated on a scale of 1 to 5 with 1 being very serious and 5 being not serious at all.

How Adequately is *Under-Age Drinking* Being Addressed in the Community?

(Source: 2003 Catawba County Community Assessment Survey)

AVERAGE RATING 3.4

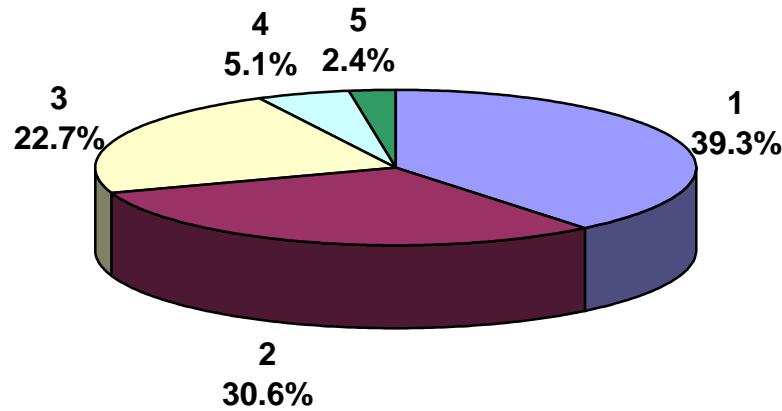


Percentages are based on all survey responses with an opinion. 7.8% of survey respondents had no opinion.
The responses are rated on a scale of 1 to 5 with 1 being very adequate and 5 being very inadequate.

How Serious of an Issue is *Drug Abuse* in the Community?

(Source: 2003 Catawba County Community Assessment Survey)

AVERAGE RATING 2.0

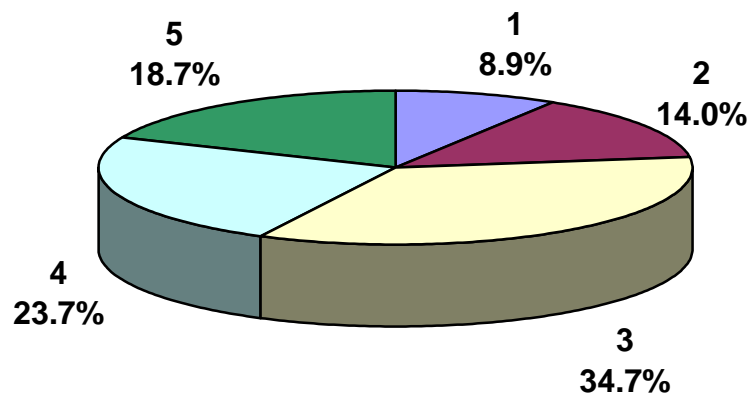


Percentages are based on all survey responses with an opinion. 4.5% of survey respondents had no opinion.
The responses are rated on a scale of 1 to 5 with 1 being very serious and 5 being not serious at all.

How Adequately is *Drug Abuse* Being Addressed in the Community?

(Source: 2003 Catawba County Community Assessment Survey)

AVERAGE RATING 3.3



Percentages are based on all survey responses with an opinion. 8.5% of survey respondents had no opinion.
The responses are rated on a scale of 1 to 5 with 1 being very adequate and 5 being very inadequate.

Current Strategies and Resources Available in Catawba County

- The Mental Health Department of Catawba County provides services to individuals and families who are struggling with the problems of alcohol and other drug abuse. Substance Abuse Programs are especially intertwined with a network of Catawba County and regional programs dedicated to the goal of drug-free living. Several different treatment modalities from individual therapy sessions to intensive outpatient treatment services are available. Agency programs include:
 - Specialized Counseling to Women and Youth
 - Steppin' Up-Outreach to community youth
 - Jail Alcohol and Drug Program
 - Referral to State facilities – Evaluation and admission to State treatment programs
 - Halfway House Residential Programs
 - Drug Education Assessment / Alcohol and Drug Education Traffic School (ADETS Program)
 - DWI School
 - Step-down services from Day Treatment: Groups for Stabilization and Recovery
 - Substance Abuse Consultation with Catawba Memorial Hospital
 - Substance Abuse Treatment for Sipes Group Homes
 - Public Health High-Risk Maternity Clinic Involvement
 - Work First Welfare Reform substance abuse component
- Catawba County also offers an Employee Assistance Program (EAP) that is designed to help employees maintain their mental and emotional well-being. They offer assistance with grief, family, marital, stress, emotional, alcohol/drugs, relationships, and child behavior problems, all of which often force people to resort to substance abuse in order to cope with these difficult times.
- Frye Regional Medical Center's Behavioral Health Services Division offers a variety of services to children, adolescents, and adults to help them overcome substance abuse addiction and give them the tools necessary to cope with stressful events so as not to resort to substance abuse. They also offer an involuntary commitment service for adults 18 years of age and older, a medical detox program for chemical dependency, and a Therapeutic Lifestyles and Changes (TLC) Unit that is specifically designed to serve adults who are mentally retarded or mentally ill.
- The Julian F. Keith Alcohol and Drug Abuse Treatment Center (JFK ADATC) is an 80 bed residential treatment facility designed to meet the needs of alcohol and other drug dependent residents of the western counties of North Carolina.

Conclusions

- Conclusions are not included for this section since no local data was presented.

6. A Report from the Behavioral Risk Factor Surveillance System (BRFSS): Health Risks Among North Carolina Adults. (2001). Department of Health and Human Services Division of Public Health State Center for Health Statistics.
7. Oregon Health & Science University <http://www.ohsuhealth.com/dch/health/growth/sacd.asp>

INFANT MORTALITY



INFANT MORTALITY

Overview

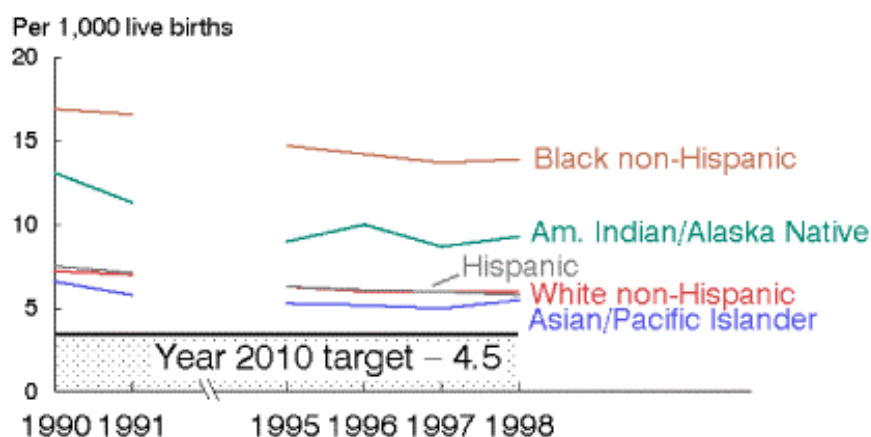
In 1988, North Carolina ranked next to last in the nation in relation to infant mortality; however, as improvements were made in the early 1990's, North Carolina's rank improved to forty-third.¹ As the national rate continued to decline, North Carolina found its rates lingering at 9.2 per 1,000 live births between 1995 and 1997, which eventually lead to North Carolina to once again have the second highest infant mortality rate in the United States. Significant reductions in infant mortality from 1987 – 1988 and from 1995 – 1996 occurred for respiratory conditions, birth defects, and SIDS. However, there has been much less progress made in preventing pre-term delivery, which is a major contributor to low birth weight infants, who are twenty-five times more likely to die in the infant period as babies with normal weights.¹ Overall, infant mortality has decreased by 40% since 1980; however, it ranks in the top five highest rates for death in the nation.

National Data

- The Center for Disease Control (CDC) reported 27,568 infant deaths in the US during 2001.
- The infant mortality rate was 6.8 per 1,000 live births in the United States for 2001 as reported by the CDC.
- Maternal and infant health has been improving across the United States. Based on provisional data for the year 2000 (the latest year for which statistics are available), the infant mortality rate, which is the rate at which babies die before their first birthday, reached an historic low of 6.9 deaths per 1,000 live births. The proportion of mothers getting early prenatal care is at a record high. The rate of cigarette smoking by pregnant women continues to fall. Birth rates among teenagers in all ethnic groups declined throughout the 1990s. (Federal Department of Health and Human Services)

The below graph and table, from the Department of Health and Human Services, show United States Infant Mortality Rates by Race and Hispanic Origin of Mother from 1990 – 1991 and from 1995 – 1998. Please note that no data was given for the time period of 1992 – 1994.

Infant mortality rates by race and Hispanic origin of mother



SOURCE: CDC/NCHS, National Vital Statistics System, Linked Birth-Infant Death data set.

Infant mortality rates by race and Hispanic origin of mother

	1990	1991	1995	1996	1997	1998
White non-Hispanic	7.2	7.0	6.3	6.0	6.0	6.0
Black non-Hispanic	16.9	16.6	14.7	14.2	13.7	13.9
Hispanic	7.5	7.1	6.3	6.1	6.0	5.8
Am. Indian/Alaska Native	13.1	11.3	9.0	10	8.7	9.3
Asian/Pacific Islander	6.6	5.8	5.3	5.2	5.0	5.5

SOURCE: CDC/NCHS, National Vital Statistics System, Linked Birth-Infant Death data set.

Catawba County Data

The table compares 1997 – 2001 statistical data for Catawba County, North Carolina and Healthy Carolinians 2010 objectives.

	North Carolina	Catawba County	2010 Objective
Neonatal Mortality (Deaths under 28 days per 1,000 live births)			
White Population	4.6	5.5	
Minority Population	10.8	8.1	
Total Population	6.4	5.9	5.9
Infant Mortality (Deaths under 1 year per 1,000 live births)			
White Population	6.5	6.8	
Minority Population	15.0	14.1	
Total Population	8.9	7.9	7.4
Infant Mortality (Deaths under 1 year per 1,000 live births)			
Black Population	16.0	20.1	
Percent Low Birth Weight (live births less than 5 ½ lbs.)			
White Population	7.2%	7.8%	
Minority Population	13.1%	12.3%	
Total Population	8.9%	8.5%	7.0%
Percent of Prenatal Care Initiated in 1st Trimester			
Black Population	74.7%	72.7%	
Total Population	84.0%	81.5%	90.0%
Percent of Pregnant Women Who Smoke	14.4%	15.5%	7.0%

(Source: State Center for Health Statistics)

The two tables below show trends associated with various infant mortality indicators.

	1987 – 1991	1992 – 1996	1997 – 2001
Percent of Low Birth Weight (less than 5 ½ lbs.)			
North Carolina	8.1%	8.6%	8.9%
Catawba County	7.1%	7.9%	8.5%
Percent Of Live Births Where the Mother Received Late or No Prenatal Care			
North Carolina	23.7%	18.2%	15.4%
Catawba County	21.1%	18.8%	17.9%

(Source: NC DHHS State Center for Health Statistics)

	1988 – 1991	1992 – 1996	1997 – 2001
Percent of Live Births Where the Mother Smoked During Pregnancy			
North Carolina	20.6%	17.0%	14.4%
Catawba County	20.1%	18.4%	15.5%

(Source: NC DHHS State Center for Health Statistics)

Community Assessment Survey Results

This issue was not addressed within the content of survey questions.

Current Strategies and Resources Available in Catawba County

- The Catawba County Health Department’s Prenatal Program provides comprehensive prenatal care to low-income women in Catawba County and surrounding counties.
- The Prenatal Program received a March of Dimes grant to institute a smoking cessation program known as “Kicking Butts for Healthy Babies” to encourage pregnant women to quit smoking. The Program worked with area OB-GYN offices and hospitals to assist them in implementing the same cessation techniques in their offices.
- The Health Department employs Maternity Care Coordinators who provide case management services to prenatal patients during their pregnancy and up to eight weeks after delivery. Their purpose is to increase the chances for a healthy baby and mother by resolving issues or concerns that could adversely affect the unborn or newborn baby.
- The Health Department offers the Women, Infant, and Children Program (WIC) to ensure the mother and infant receive proper nutrients and vitamins during critical periods of growth and development before and after delivery.
- Many local agencies and organizations serving Catawba County’s citizens work closely with the regional March of Dimes in an effort to prevent low birth weight infants. The Catawba County Health Department participated in the March of Dimes’ Folic Acid awareness campaign.
- The Health Department provides SIDS (Sudden Infant Death Syndrome) Counselors who provide information to parents and families after a SIDS death. They are also able to refer the parents and families to other agencies as needed and provide prevention education to the general public on a regular basis.

Conclusions

- A disparity exists between white, black, and minority populations in terms of neonatal infant mortality rates with whites having the lowest neonatal and infant mortality rates and blacks having the highest.
- Catawba County has currently achieved the Healthy Carolinians 2010 objective for neonatal mortality per 1,000 live births for the total population.
- Both Catawba County and North Carolina's percent of low birth weight infants are higher than the Healthy Carolinians 2010 objective.
- Both Catawba County and North Carolina need to be more effective in ensuring that women are receiving prenatal care in their first trimester.
- According to the trend tables, both North Carolina and Catawba County have seen an increase in the percentage of low birth weight infants since 1987; however, they have both seen a decrease in the percentage of mothers who smoke and the percentage of mothers who receive late or no prenatal care since 1987.

1. Surles, K., Buescher, P., and Meyer, R. (1999). Infant Mortality and Low Birthweight in North Carolina: The Last 10 Years. North Carolina Department of Health and Human Services.

INFECTIOUS DISEASES



SEXUALLY TRANSMITTED DISEASES

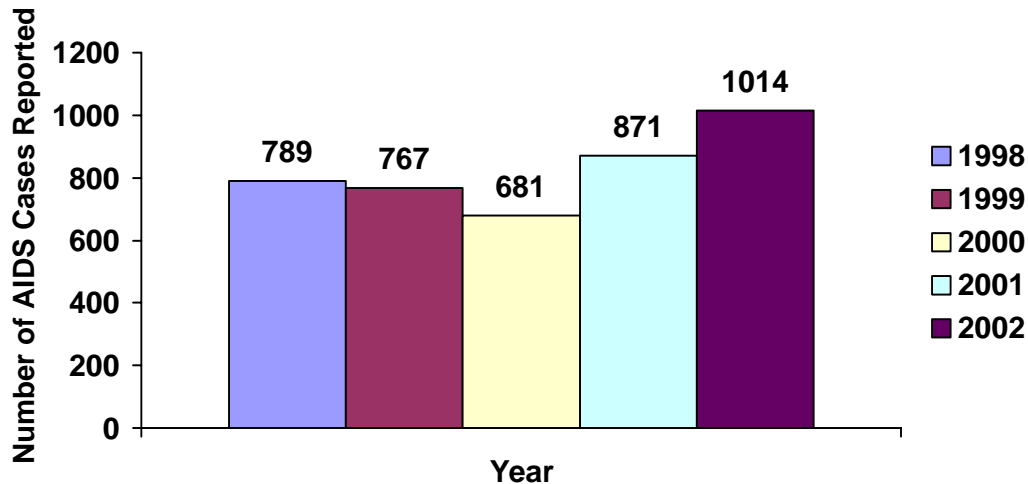
Overview

Chronic disease, such as heart disease and cancer, usually occur later in life; however, sexually transmitted diseases such as syphilis, gonorrhea, and AIDS, which are classified as infectious diseases, typically plague the younger generations and can result in significant years of potential life lost. Healthcare professionals have taken a sudden interest in HIV/AIDS because its prevalence increased as a cause of death in the mid 1990's, and it even became one of the top ten leading causes of death during that time. HIV/AIDS ranks as the sixth leading cause for adults aged 25 – 44 years of age for 2001.¹ “According to the North Carolina Epidemiological Profile for 2004 HIV/STD Prevention and Care Planning, in 2002 1,692 new individuals were reported with an HIV and/or AIDS diagnosis, and the overall infection rate for that same year was 20.3 per 100,000 persons. This report also revealed that HIV was disproportionately distributed among the population of North Carolina. The 2002 rate of HIV infection for non-Hispanic blacks (64.3 per 100,000 population) was over nine times greater than for whites (6.8 per 100,000 population). The rate of infection for Hispanics (22.7 per 100,000 population) was over three times that of whites, and the rate for American Indians (12.6 per 100,000 population) is almost twice that for non-Hispanic whites. The highest rate of infection is found among black males at 87.8 per 100,000; however, the largest disparity is found in comparing white and black females. The HIV infection rate for black females (42.9 per 100,000 population) is 18 times higher than that for white (non-Hispanic) females (2.4 per 100,000 population).”

North Carolina Data

- The cumulative number of individuals reported with HIV through December 31, 2002 was 23, 770 persons.²
- Adults aged 30 to 39 years of age accounted for the greatest proportion (35%) of HIV reports in North Carolina in 2002.²
- For 2002, adult/adolescent HIV disease reports, heterosexual transmission risk was indicated in 47% of all reports, men who have sex with men (MSM) was indicated in 40% of reports, and injecting drug use (IDU) was indicated in 13% of reports.²
- In 2002, adult/adolescent males, MSM, and MSM/IDU accounted for 58% of new HIV disease reports, while heterosexual contact accounted for only 29%.²
- In 2002, adult/adolescent females with heterosexual contact accounted for about 86% of HIV disease reports and injecting drug use accounted for about 10%.²

The graph shows trends in the number of AIDS cases reported from 1998 to 2002 in North Carolina.



(2002 North Carolina Division of Public Health AIDS Case Report)

In North Carolina, there is growing concern about the disparities of sexually transmitted diseases among racial and ethnic minorities including African Americans, American Indians and Hispanics. For example, African Americans represent less than 25% of the population of North Carolina; however, they account for nearly 75% of the sexually transmitted diseases reported in North Carolina. The same can be said for Catawba County because minorities only represent about 15% of the total population for the county; however, they account for 75% of all sexually transmitted diseases in Catawba County¹.

The table shows the 2001 incidence of sexually transmitted diseases in various ethnic populations in North Carolina. The statistics refer to the number of cases per 100,000 population.

	Whites	African Americans	American Indians	Hispanics
Gonorrhea	38.0	804.9	110.1	90.8
Syphilis	2.7	37.4	101.7	13.2
Chlamydia	99.7	837.2	261.2	389.2

(Source: 2002 North Carolina Division of Public Health STD/HIV Case Report)

- Gonorrhea is over 21 times higher in African Americans than whites in North Carolina.
- Chlamydia is almost 9 times higher in African Americans than whites in North Carolina.
- HIV is almost 11 times higher in African Americans than whites in North Carolina.
- Chlamydia is almost 4 times higher in Hispanics than whites in North Carolina.

Catawba County Data

The table compares 1997 - 2001 statistical data for Catawba County, North Carolina and the Healthy Carolinians 2010 objective. The statistics refer to the number of new cases per 100,000 population.

	North Carolina	Catawba County	2010 Objective
Gonorrhea			
Minority Population	754.8	459.6	
Total Population	227.5	94.0	191.0
Syphilis (primary and secondary)			
Minority Population	22.9	32.9	
Total Population	7.2	4.7	.25
AIDS			
Total Population	9.4	4.6	14.7

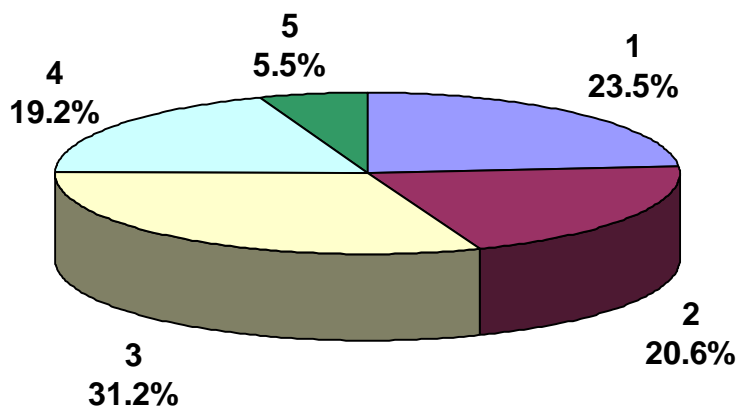
(Source: State Center for Health Statistics)

Community Assessment Survey Results

How Serious of an Issue is *Occurrence of AIDS* in the Community?

(Source: 2003 Catawba County Community Assessment Survey)

AVERAGE RATING 2.6

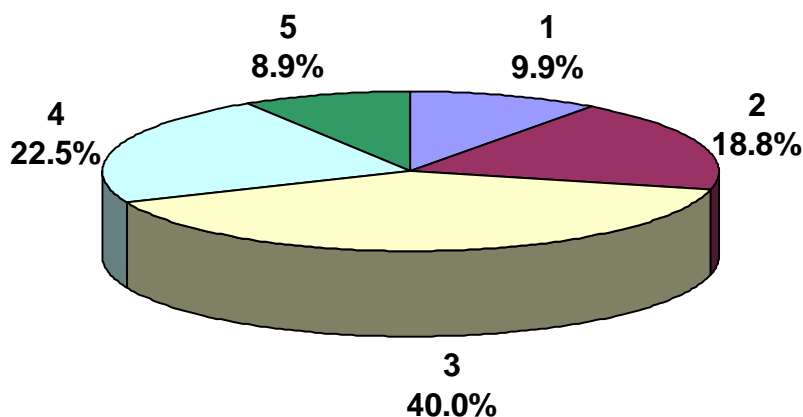


Percentages are based on all survey responses with an opinion. 24.2% of survey respondents had no opinion. The responses are rated on a scale of 1 to 5 with 1 being very serious and 5 being not serious at all.

How Adequately is the *Occurrence of AIDS* Being Addressed in the Community?

(Source: 2003 Catawba County Community Assessment Survey)

AVERAGE RATING 3.0



Percentages are based on all survey responses with an opinion. 26.5% of survey respondents had no opinion. The responses are rated on a scale of 1 to 5 with 1 being very adequate and 5 being very inadequate.

Current Strategies and Resources Available in Catawba County

- The Health Department also investigates and follows-up on all suspected and confirmed cases of communicable disease that are reportable by law, including tuberculosis, animal bites, bat bites/incidents, and food borne illnesses. They also partner with area animal control departments and infection control nurses at local hospitals to ensure that all cases are identified and investigated in a timely fashion.
- The Health Department's Sexually Transmitted Disease (STD) clinic offers HIV/STD education, information, and treatment of all sexually transmitted diseases. All clients are offered HIV testing as a routine part of their examination, and they work closely with ALFA by referring all positive-testing clients to them for case management. The Health Department also works closely with area hospitals, physicians, and free clinics to assist in educating and treating clients when asked for assistance, and they offer free Twinrix vaccinations to at-risk populations through a state sponsored program.
- The Ryan White Planning Committee, a joint effort with hospitals, organizations, agencies, and community leaders, addresses AIDS issues within our community.
- The Totally Teens Health Center at the Health Department provides counseling and education on sexually transmitted diseases. The Center provides health risk appraisals for teens to identify and reduce risky sexual behavior along with other negative behaviors that impact the physical and emotional health of teens.
- Catawba County's Department of Social Services sponsors a program, Teen Up, which provides adolescents and teens with information and education regarding staying abstinent and reducing other risky behaviors.
- The Council on Adolescents provides a number of programs that teach teens to make responsible choices towards remaining abstinent.
- All three school systems in Catawba County utilize their Health and Physical Education classes to teach students about sexually transmitted diseases and the consequences of not remaining abstinent.
- ALFA is an organization in Catawba County that offers a number of services to HIV/AIDS patients. These include, but are not limited to, preventative education programs, free and confidential oral HIV screenings, case management, medical assistance, social and emotional support, counseling services, transportation, and housing assistance. ALFA offers a food pantry to ensure that the patients are receiving proper nutrition.

Conclusions

- A disparity exists between whites and minorities in both North Carolina and Catawba County for sexually transmitted diseases.
- Catawba County's incidence rate for gonorrhea per 100,000 population is less than half that of North Carolina and the Healthy Carolinians 2010 objective.
- Catawba County's minority syphilis rate per 100,000 population is higher than the minority syphilis rate for North Carolina.

1. HIV/AIDS Deaths in North Carolina. (2002). North Carolina Department of Health and Human Services – HIV/STD Prevention and Care Branch.

2. North Carolina Epidemiologic Profile for 2004 HIV / STD Prevention and Care Planning. (2003). NC Division of Public Health and NC Department of Health and Human Services.

IMMUNIZATIONS

Overview

One of the most significant accomplishments in the field of public health has been its ability to control the spread of infectious diseases through the use of vaccinations. Immunizations are a cost effective means of disease prevention that has lessened the suffering and prevented the deaths of millions of people, who would have otherwise fell victim to these horrendous diseases. Vaccines can be used on most individuals, whether they are infants, children, adults, or even the elderly. In 1994, North Carolina became a universal vaccine state, meaning it provides vaccines for all children from birth through eighteen years of age.³ This status demonstrates the State's commitment to preserving the health and safety of North Carolina's children and adults. According to the 2001 National Immunization Survey, North Carolina is one of the top five states in the nation in terms of the percentage of 2-year-old children who have received all age appropriate immunizations.³

National Data

The Center for Disease Control (CDC) reports the following statistics for Immunizations in the United States. The data is for children 19-35 months of age for selected diseases during 2000:

- Percent Receiving Combined Series: 76%
- Percent Vaccinated Against Diptheria, Tetanus, Pertussis: 82%
- Percent Vaccinated Against Polio: 90%
- Percent Vaccinated Against Measles: 91%
- Percent Vaccinated Against Haemophilus: 93%
- Percent Vaccinated Against Hepatitis B: 90%

Catawba County Data

The table compares 2000 – 2001 school year statistical data for immunizations for Catawba County, North Carolina and the Healthy Carolinians 2010 objective.

Indicator	North Carolina	Catawba County	2010 Objective
Percent of Kindergartners in Compliance	99.2%	98.6%	99% ^{**}

(Source: North Carolina Department of Health and Human Services)

^{**} = Goal is measured for Kindergarten – First Grade; Reported results are for Kindergartners Only

Current Strategies and Resources Available in Catawba County

- The Catawba County Health Department's Immunization Clinic provides childhood vaccinations, free of charge, for all children (birth through eighteen years of age), as well as adult immunizations for a small fee.
- The Child Health Clinic provides well child check-ups and immunizations for income eligible children, birth to 21 years of age.
- Most physicians offer vaccinations to children in their offices.
- The school nurses actively participate in the Hepatitis B immunization campaign. They also work closely with the school systems and routinely review and audit student records to ensure that their immunizations are up-to-date.
- The Catawba County Health Department provides immunizations to people from Catawba and surrounding counties who plan to travel abroad, and they provide authoritative information about required shots to the public and other healthcare providers.

Conclusions

- Catawba County's immunization percentage is just slightly below that of North Carolina and the Healthy Carolinians 2010 objective.

3. Immunize North Carolina. (2003). www.immunizenc.org

Influenza and Pneumonia

Overview

Many people feel immunizations are just for kids; however, adults as well as children need them for diseases like Hepatitis B, tetanus, chickenpox, influenza and pneumonia. Individuals over the age of 50 and other adults who fall into high-risk categories should get specific immunizations each year to preserve their health and facilitate an active lifestyle. Two of the most common illnesses that affect older adults are influenza and pneumonia. Influenza, which is more commonly referred to as the flu, is a very contagious viral infection that specifically targets the nose, throat, and lungs. It is one of the most severe illnesses of the winter season and complications that arise from influenza cause 36,000 deaths and 114,000 hospitalizations each year in the United States.⁵ Pneumonia is a bacterial infection that initially invades the lungs; however, it can infect the bloodstream and the fluid surrounding the brain and spinal cord if left untreated. The infection kills thousands of people in the United States each year, with most of these deaths occurring in people aged 65 years or older or children under two years of age. Contrary to popular belief, neither the pneumonia nor the influenza vaccine will actually cause the disease in those who choose to be vaccinated. The Centers for Disease Control and Prevention reports that flu vaccinations have been proven highly effective, reducing hospitalization by 70% and death by 85% for those ages 65 and older.⁵

National Data

- Together, influenza and pneumonia are the 7th leading cause of death in the United States, and the 5th leading cause of death among persons 65 years of age or older.⁴
- Flu is the single leading cause of death for any vaccine-preventable disease in the United States.⁵
- Pneumococcal disease is to blame for up to 12,500 deaths each year in the United States, and approximately 50% of these deaths could have been prevented through the use of the Pneumococcal vaccine.⁴
- Estimates find only 55% of adults 65 years of age or older and 8 – 10% of adults in high-risk groups who should received the pneumococcal vaccine have actually received it in the United States.⁴
- In the United States, each year the bacteria that is responsible for pneumonia accounts for an estimated 500,000 cases of pneumonia, 60,000 bloodstream infections, and 2,800 cases on meningitis.⁴
- Only 38% of healthcare professionals nationwide receive flu vaccinations each year.⁵

Catawba County Data

The table compares 1999 – 2001 statistical data for Catawba County and North Carolina. There is no Healthy Carolinians 2010 objective for this indicator. The statistics refer to deaths from pneumonia/flu per 100,000 population.

	North Carolina	Catawba County	2010 Objective
65 – 84 Years of Age	90.5	131.8	
Over the Age of 85	770.00	1182.2	
Total Population	23.1	33.0	

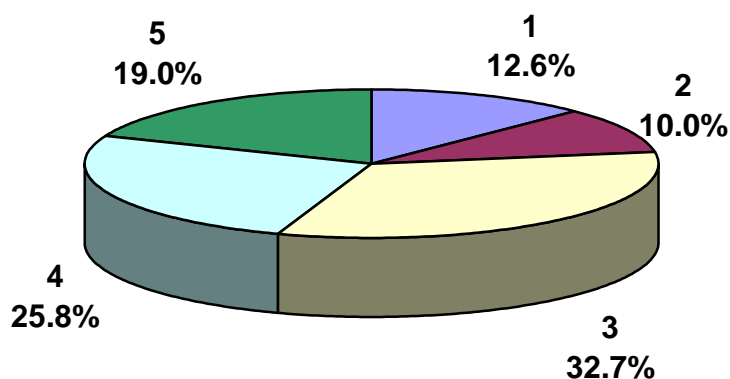
(Source: State Center for Health Statistics)

Community Assessment Survey Results

How Serious of an Issue are *Deaths from Flu* in the Community?

(Source: 2003 Catawba County Community Assessment Survey)

AVERAGE RATING 3.3

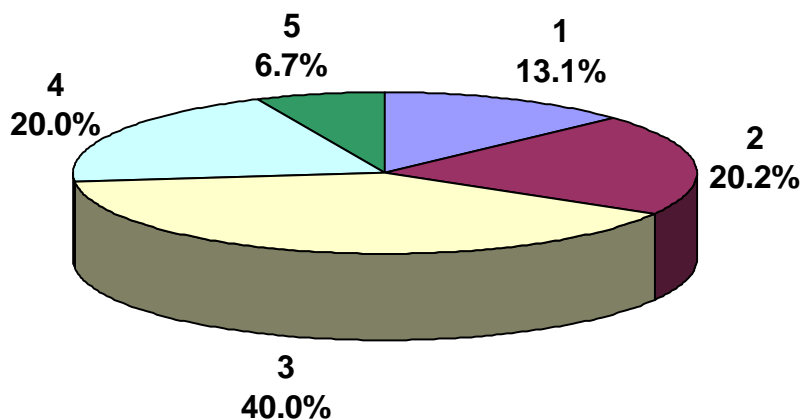


Percentages are based on all survey responses with an opinion. 28.9% of survey respondents had no opinion.
The responses are rated on a scale of 1 to 5 with 1 being very serious and 5 being not serious at all.

How Adequately are *Deaths from Flu* Being Addressed in the Community?

(Source: 2003 Catawba County Community Assessment Survey)

AVERAGE RATING 2.9



Percentages are based on all survey responses with an opinion. 31.0% of survey respondents had no opinion.
The responses are rated on a scale of 1 to 5 with 1 being very adequate and 5 being very inadequate.

Current Strategies and Resources Available in Catawba County

- In the fall of each year, the Health Department's Immunization Clinic provides influenza and pneumonia immunizations to the general public for a small fee. During this time, facts and other general information to raise awareness of both diseases, who is susceptible to infection, and who should receive a vaccination is available.
- Catawba County's Seniors Morning Out program offers on site flu vaccinations for their participants. Patients 60 and over are transported to one of the 6 Seniors' Morning Out sites where the vaccines, obtained from the Catawba County Health Department, are administered by nursing students from Lenoir Rhyne College in Hickory.
- Both hospitals in Catawba County, Frye Regional Medical Center and Catawba Valley Medical Center, offer flu and pneumonia vaccines to the community, and many healthcare providers throughout the county offer the vaccines.
- Some churches in Catawba County offer a Parish Nurse program to provide services and resources that assist in health preservation of the elderly, as well as all citizens, in Catawba County.
- Frye Regional Medical Center's pharmacists review the immunization status of all community-acquired pneumonia patients and recommend the pneumococcal vaccine for patients who have not received it. Beginning in 2004, the hospital's pharmacy will begin reviewing the immunization status of all patients for flu and pneumococcal vaccines.

Conclusions

- Catawba County's pneumonia/flu deaths per 100,000 population far exceed North Carolina's deaths per 100,000 population for adults 65-84 years of age, over the age of 85, and for the total population.
- Catawba County's pneumonia/flu deaths per 100,000 population ages 85 and older are over 50% higher than North Carolina's deaths rates for that same age group.
- According to Kristin Nichol, MD, MPH, a spokesperson for the National Coalition for Adult Immunization, the flu is the most vaccine preventable cause of death, with the majority of deaths among the elderly. Although Catawba County's death rates from flu far exceed that of North Carolina, the adults who participated in Catawba County's Community Health Assessment survey did not perceive it to be an issue of concern in their community.

4. Immunize North Carolina. (2003). www.immunizenc.org

5. U.S. Health Officials Call for Vigilance Against Influenza. (2003). *The Nation's Health*

INJURIES



Motor Vehicle Injuries

Overview

In North Carolina and the United States, deaths and injuries resulting from motor vehicle crashes are the leading cause of death for persons 1 to 34 years of age. Traffic fatalities account for more than 90% of all transportation-related deaths. In 1999, North Carolina ranked sixth in the nation in terms of motor vehicle deaths. In 2002, North Carolina law enforcement agencies reported a total of 217,794 traffic crashes, which resulted in the deaths of 1,530 people and caused an additional 134,122 persons to suffer injury due to the crashes.² The comprehensive costs of these traffic crashes are estimated to cost North Carolina and its residents over \$2.9 million dollars a year in medical expenses, emergency services, victim work loss, employer costs, traffic delay, property damage, and overall decreased quality of life.²

North Carolina Data

- A motor vehicle crash involving either an injury or a fatality occurred every 3.8 minutes in 2002.²
- In 2002, for every 88 persons who were injured in a motor vehicle crash, 1 person was killed.²
- 1 out of every 18 licensed vehicles was involved in a crash in 2002.²
- In 2002 alcohol-related crashes resulted in 331 fatal crashes and 371 fatal injuries as well as 7,443 nonfatal crashes and 11,695 nonfatal injuries²
- Motor vehicle injuries were the fifth leading cause of death for males in 2001 (based on the number of deaths), but not one of the ten leading causes of death for females.¹
- American Indians have the highest age-adjusted rate of motor vehicle deaths – 42.1 deaths per 100,000 population in 1997 – 2001. The American Indian motor vehicle death rate was double the rate for whites during this period.¹

Catawba County Data

The table compares 1999 – 2001 statistical data for Catawba County, North Carolina and the Healthy Carolinians Healthy People 2010 objective. The statistics refer to the number of deaths per 100,000 population from Motor Vehicle Crashes.

	North Carolina	Catawba County	2010 Objective
Under 20 years of age	11.8	16.6	
20 to 39 years of age	25.0	25.8	
Total Population	19.7	20.6	15.8

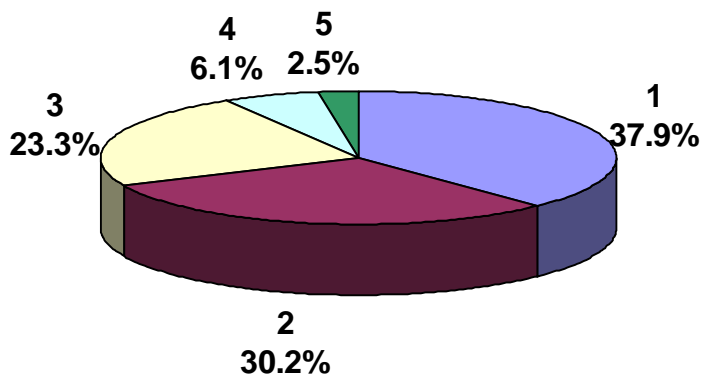
(Source: State Center for Health Statistics)

Community Assessment Survey Results

How Serious of an Issue is *Driving Under the Influence (DUI / DWI)* in the Community?

(Source: 2003 Catawba County Community Assessment Survey)

AVERAGE RATING 2.1

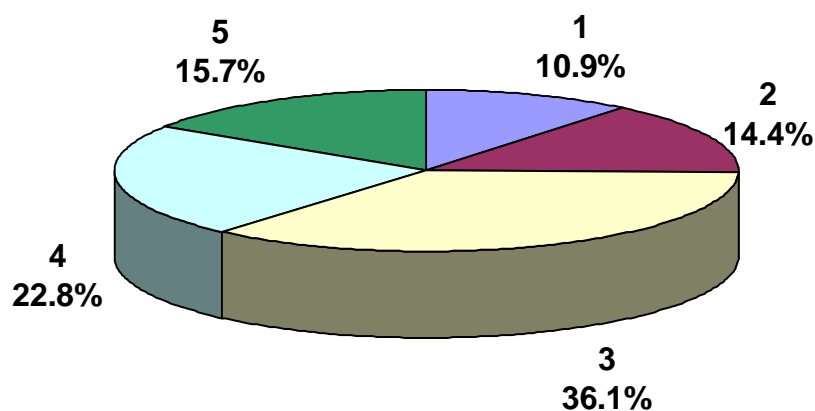


Percentages are based on all survey responses with an opinion. 3.9% of survey respondents had no opinion. The responses are rated on a scale of 1 to 5 with 1 being very serious and 5 being not serious at all.

How Adequately is *Driving Under the Influence (DUI / DWI)* Being Addressed in the Community?

(Source: 2003 Catawba County Community Assessment Survey)

AVERAGE RATING 3.2



Percentages are based on all survey responses with an opinion. 7.9% of survey respondents had no opinion. The responses are rated on a scale of 1 to 5 with 1 being very adequate and 5 being very inadequate.

Current Strategies and Resources Available in Catawba County

- The Catawba County Health Department provided car seats to needy families in an effort to reduce the number of injuries and fatalities for children from motor vehicle crashes. They routinely participate in car seat checks at a number of locations throughout the community to ensure that they are properly installed.
- Catawba County's Child Fatality Prevention Team meets on a quarterly basis to review child deaths and to propose recommendations. In 2002, the team supported Senator Austin Allran's bill to limit the number of passengers riding with a level II driver.
- Catawba Valley Medical Center (CVMC) sponsors a Safe Kids Coalition. CVMC participates in routine car seat checks and conducts an annual health fair in an attempt to raise awareness of childhood motor vehicle fatalities.
- Counseling and Substance Abuse Services of Catawba County offers substance abuse programs for adults and teens. They offer outpatient-counseling services to individuals recovering from substance abuse.
- Law Enforcement agencies in Catawba County actively promote North Carolina's "Click It or Ticket" and "Booze It and Lose It" campaigns. They participate in community health fairs and work with the school systems to ensure teens are aware of the dangers associated with driving while intoxicated.
- Following the death of a Bandy's High School student at the hands of a drunk driver, citizens and students in the community established the ANNA MAC phone line, which stands for ANother Night Alive, Make A Call. This line provides students in the Mill Creek Middle and Bandy's High School communities with a safe, non-judgmental and confidential ride home if they are in an uncomfortable and potentially dangerous situation or if a driver is under the influence and may not be able to drive safely.

Conclusions

- Catawba County has a much higher rate of motor vehicle crash deaths with 16.6 deaths per 100,000 population under the age of 20 compared to North Carolina's rate of 11.8 deaths per 100,000 population in the same age category.
- For persons aged 20 to 39 years of age, Catawba County's rate of 25.8 deaths per 100,000 population only slightly exceeds North Carolina's rate of 25 deaths per 100,000 population for motor vehicle crashes.
- Catawba County's rate of 20.6 deaths per 100,000 population in the total population far exceeds the 2010 Healthy Carolinians objective of 15.8 deaths per 100,000 population for motor vehicle crashes.

- According to the results of the community assessment survey, the majority of respondents felt driving under the influence or driving while intoxicated was an issue of concern in their community.

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1. The Health of North Carolinians: A Profile. (2003). North Carolina Department of Health and Human Services
 2. The University of North Carolina Highway Safety Research Center. (2001). www.hsrc.unc.edu

VIOLENCE

Overview

The word violence is used to describe any abusive or aggressive behavior that is either enacted upon another individual or performed on oneself. This category serves as an umbrella for a number of acts including child abuse, rape, assault, suicide, and homicide. In 2000, suicide was the eleventh leading cause of death in the United States with a total of 29,350 deaths, which totaled 1.2% of all deaths that year. Suicide deaths outnumber homicide deaths by 5 to 3 and is the third leading cause of death among 10 to 24 year olds.³ Although the elderly only comprise 13% of the overall U.S. population, they accounted for 18% of all suicide deaths in 2000. On an average day in the United States, 53 people die from homicide and an additional 18,000 persons survive a violent attack. During 2001 in North Carolina there were 584 homicides. Homicide is the second leading cause of death for persons aged 15 to 24 years.⁴

National and North Carolina Data

- Suicide is the 3rd leading cause of death for adolescents and young adults in the United States.³
- In 2001, 5,071 deaths in North Carolina were due to injury or violence with 1,606 deaths resulting from motor vehicle injuries, 985 from suicide, and 584 from homicide⁴
- In 2001, 2.8% of males and 10.4% of women in North Carolina reported having ever been sexually assaulted; 20.2% of males and females combined reported they had been physically assaulted (defined as being pushed, hit, slapped, kicked, or physically hurt in any other way).⁴

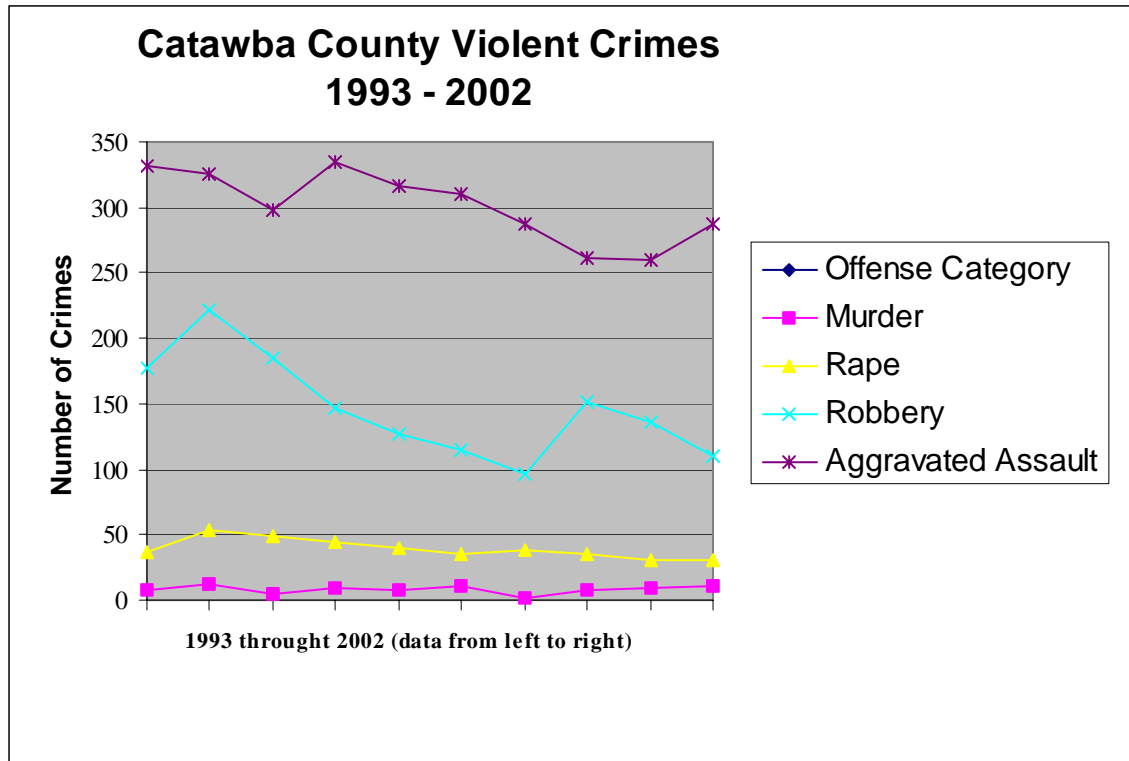
Catawba County Data

The table compares 1999 – 2001 statistical data for Catawba County, North Carolina and the Healthy Carolinians Healthy People 2010 objective. The statistics refer to the number of deaths per 100,000 population.

	North Carolina	Catawba County	2010 Objective
Homicide	7.8	5.6	5.0
Suicide	11.6	16.4	8.0

(Source: State Center for Health Statistics)

The table and charts below show 1993 – 2002 statistical data for Catawba County and North Carolina for violent crimes. The statistics in the graph and first table refer to the number occurrences for the indicated crime as reported by the North Carolina State Bureau of Investigation Division of Criminal Information. .



Offense Category	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002
Murder	8	12	5	9	8	11	2	8	9	10
Rape	37	53	49	44	39	35	38	35	31	31
Robbery	177	222	185	147	127	114	96	151	136	110
Aggravated Assault	332	325	298	334	316	310	287	261	260	288
Total	554	612	537	534	490	470	423	455	436	439

Violent Crime Rates Per 100,000 Population

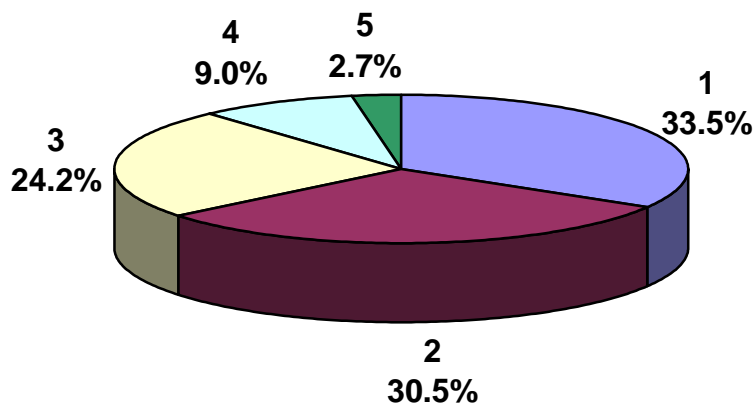
	1999	2000
Catawba County	313.5	320.3
North Carolina	550.8	498.3

Community Assessment Survey Results

How Serious of an Issue is *Child Abuse* in the Community?

(Source: 2003 Catawba County Community Assessment Survey)

AVERAGE RATING 2.2

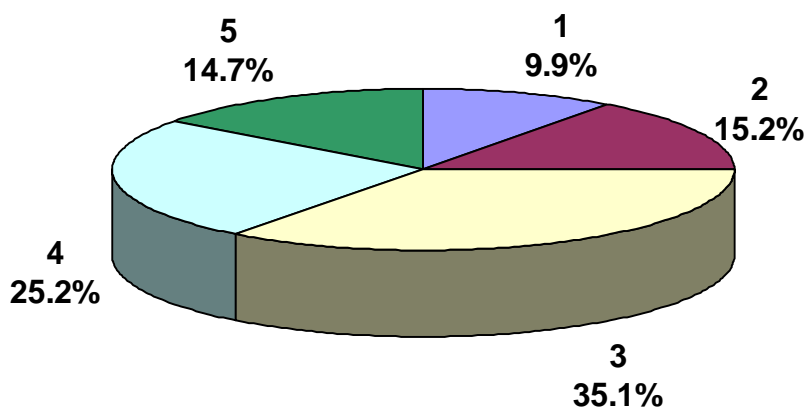


Percentages are based on all survey responses with an opinion. 6.9% of survey respondents had no opinion. The responses are rated on a scale of 1 to 5 with 1 being very serious and 5 being not serious at all.

How Adequately is *Child Abuse* Being Addressed in the Community?

(Source: 2003 Catawba County Community Assessment Survey)

AVERAGE RATING 3.2

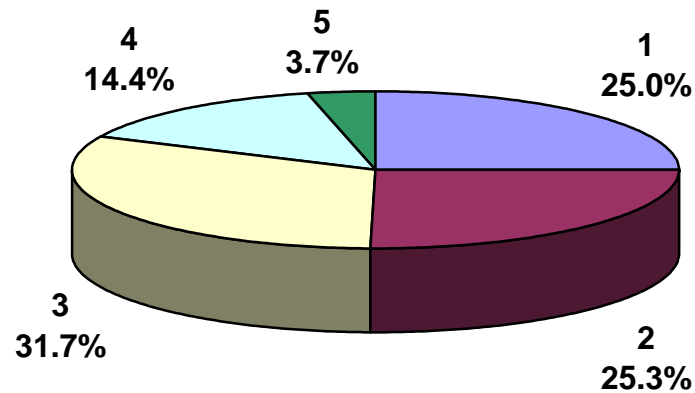


Percentages are based on all survey responses with an opinion. 9.4% of survey respondents had no opinion. The responses are rated on a scale of 1 to 5 with 1 being very adequate and 5 being very inadequate.

How Serious of an Issue is *Abuse of Adults* in the Community?

(Source: 2003 Catawba County Community Assessment Survey)

AVERAGE RATING 2.5

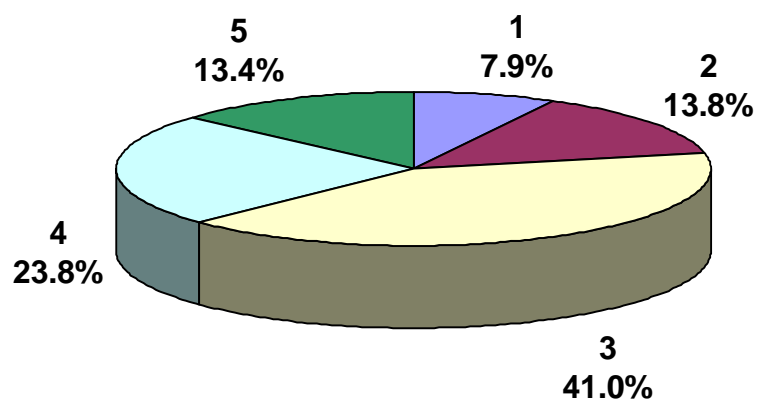


Percentages are based on all survey responses with an opinion. 10.6% of survey respondents had no opinion.
The responses are rated on a scale of 1 to 5 with 1 being very serious and 5 being not serious at all.

How Adequately is *Abuse of Adults* Being Addressed in the Community?

(Source: 2003 Catawba County Community Assessment Survey)

AVERAGE RATING 3.2



Percentages are based on all survey responses with an opinion. 14.0% of survey respondents had no opinion.
The responses are rated on a scale of 1 to 5 with 1 being very adequate and 5 being very inadequate

Current Strategies and Resources Available in Catawba County

- The Catawba County Department of Social Services worked diligently to establish a Community Standard for Child Abuse and Neglect document that can be used to gauge both the presence and severity of child abuse and neglect.
- In Catawba County there is a Rape Crisis Center, which is funded through the United Way to assist women who have been sexually assaulted.
- The Totally Teens Health Center (TTHC), which is located at the Health Department, completes Guidelines for Adolescent Preventative Services (GAPS) on every patient in an attempt to identify risk factors that may impact the patient's health. In the event that a patient identifies that he or she is in a vulnerable situation, whether that be that the patient is being subjected to physical, mental, or sexual abuse or any other compromising situation, the appropriate action is taken and counseling services are provided for that teen.
- TTHC offers counseling services to teens that may be suffering from depression, suicidal thoughts, anxiety, or any other condition that may adversely affect them either physically or emotionally.
- Some Catawba County communities engage in Neighborhood Watch Programs to decrease the incidence of violence, theft, or burglary in their neighborhoods.
- Each school system offers classroom guidance lessons through the Students Trying Out Peace (STOP) program addressing issues such as conflict resolution, handling bullying or teasing, identifying sexual harassment, anger management techniques, and conflict resolution.
- Peer mediation is available to all students as a violence prevention alternative.
- Counselors are available in all schools to address the various needs of the students. They are available during school hours and by appointment as needed. The counselors maintain confidentiality with the students; however, appropriate action is taken and referrals are made in the event that they are necessary.
- The Nurturing Program, led by Catawba County's Department of Social Services, reaches approximately 90 parents annually. Most of the parents have substantiated reports of child abuse or neglect.
- Hispanic Outreach, located in Catawba County and conducted by the Department of Social Services, addresses violence, child abuse, rape and teen pregnancy. Their main goal is prevention of child protective service reports through early involvement in Work First services toward self-sufficiency.

- Catawba County's Mental Health Department offers a treatment program for legally adjudicated adolescent sex offenders entitled the Sexual Abuse Intervention Program (SAIP). The aim of this program is to provide comprehensive evaluation and treatment to this population with the primary goal being to protect both the current and future victims from further sexual victimization and abuse.
- The Family Guidance Center, funded by United Way, offers a First Step program, which is a family violence prevention program. They offer shelter to victims of family violence.
- The Sheriff's Office offers a Conflict Resolution Center that assists individuals in how to handle combative situations and offers anger management techniques.
- Each school in Catawba County employ Resource Officers who are on the campus at all times to minimize and control situations which may arise among the students.
- The Health Department's Women's Preventative Health Clinic screens all patients for emotional, sexual, and physical abuse. A Licensed Certified Social Worker is available to counsel patients as requested. The clinic also provides a medication assistance program for patients requiring anti-depressants.

Conclusions

- Catawba County's suicide death rate per 100,000 population is not only higher than that of North Carolina, but it is over twice as high as the Healthy Carolinians 2010 objective.
- Although Catawba County's homicide death rate per 100,000 population is lower than that of North Carolina, it is still slightly higher than the Healthy Carolinians 2010 objective.
- Catawba County's incidence of violent crimes has declined during the time period from 1993 to 2002, even though the population has significantly increased.
- Violent Crime Rates during 1999 and 2000 Per 100,000 Population for Catawba County were much lower than those for North Carolina.

3. In Harm's Way: Suicide in America. (2000). www.nimh.nih.gov

4 The Health of North Carolinians: A Profile. (2003). North Carolina Department of Health and Human Services

ORAL HEALTH



Overview

Oral health is the single most common health problem among children, with forty-four percent of all North Carolina children experiencing dental disease. Oral health is an important factor in the normal growth and development of children. Lack of adequate health care can result in pain, inability to eat, retarded growth, missed school days, difficulty learning, speech problems, poor nutrition, and loss of self esteem. Under the federal Medicaid statute, all states are required to provide dental services to Medicaid eligible children; however, only 16% of North Carolina dentists actively participate in Medicaid, which results in the state having the seventh lowest participation rate in the nation. This is largely due to the fact that Medicaid only reimburses dentists 62% of their normal rates for providing dental services. This issue is further compounded by the fact that there is an overall shortage of dentists in North Carolina. There are only 38 dentists per 100,000 population in North Carolina compared to the national rate of 60 dentists per 100,000 population. Dental disease seems to plague lower income populations with poor children having five times more untreated dental disease than children of higher income families. The lack of accessibility to dental services and the low utilization among low-income children results in large numbers of young children with untreated dental disease.

National and North Carolina Data

- Each year, approximately 25% of all North Carolina children entering kindergarten have untreated dental decay.
- According to the National Center for Health Statistics, almost 60% of children ages 5 to 17 have dental disease in their primary or permanent teeth.

Catawba County Data

- In Catawba County, no private practice dentist actively participates in the Medicaid Dental program on a routine basis.
- Approximately 11,000 children in Catawba County lack access to dental services.

The table compares 2000 - 2001 statistical data for Catawba County, North Carolina and the Healthy Carolinians 2010 objectives.

Indicator	North Carolina	Catawba County	2010 Objective
Average Number of Decayed, Missing and Filled Primary Teeth in Kindergarten	1.4	1.5	1.3*
Percent of 5 th Graders With Permanent Teeth Free of Decay	80%	82%	87%
Percent of 5 th Graders With Sealants	37%	47.9%	

(Source: State Center for Health Statistics – Oral Health Section)

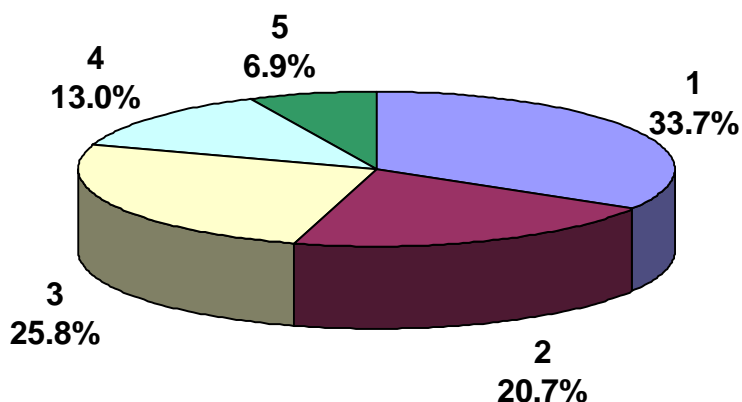
*objective is measured for preschool; reported results are for kindergartners

Community Assessment Survey Results

How Serious of an Issue is *Access to Dental Care for Children* in the Community?

(Source: 2003 Catawba County Community Assessment Survey)

AVERAGE RATING 2.4

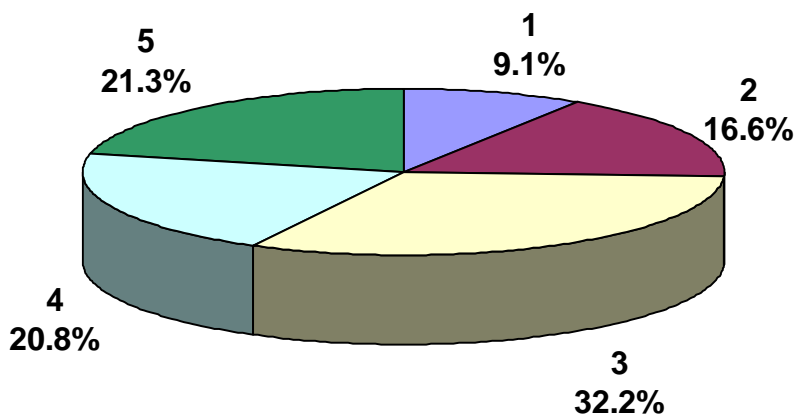


Percentages are based on all survey responses with an opinion. 8.7% of survey respondents had no opinion.
The responses are rated on a scale of 1 to 5 with 1 being very serious and 5 being not serious at all.

How Adequately is *Access to Dental Care for Children* for Children Being Addressed in the Community?

(Source: 2003 Catawba County Community Assessment Survey)

AVERAGE RATING 3.3

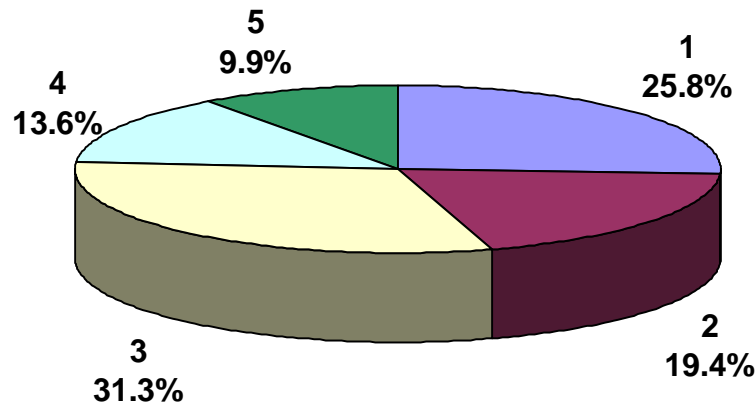


Percentages are based on all survey responses with an opinion. 12.0% of survey respondents had no opinion.
The responses are rated on a scale of 1 to 5 with 1 being very adequate and 5 being very inadequate.

How Serious of an Issue is *Access to Dental Care for Adults* in the Community?

(Source: 2003 Catawba County Community Assessment Survey)

AVERAGE RATING 2.6

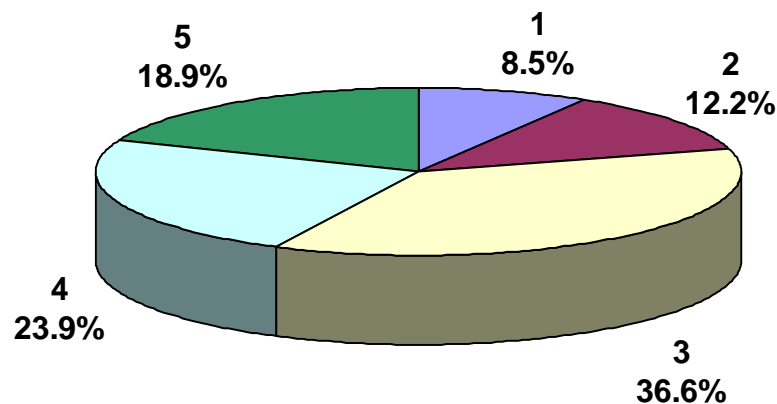


Percentages are based on all survey responses with an opinion. 7.5% of survey respondents had no opinion. The responses are rated on a scale of 1 to 5 with 1 being very serious and 5 being not serious at all.

How Adequately is *Access to Dental Care for Adults* Being Addressed in the Community?

(Source: 2003 Catawba County Community Assessment Survey)

AVERAGE RATING 3.3



Percentages are based on all survey responses with an opinion. 11.3% of survey respondents had no opinion. The responses are rated on a scale of 1 to 5 with 1 being very adequate and 5 being very inadequate.

Current Strategies and Resources Available in Catawba County

- The Catawba County Health Department offers a free preschool dental health education program, Tooth Time that is funded by Smart Start. The Health Department coordinates the annual “Turn in Your Toothbrush Day.” During this event, Health Department staff visits childcare centers in Catawba County to provide education and distribute toothbrushes to children between the ages of 0 and 5.
- The Health Department offers an extensive dental health education program, has an on-sight dental clinic which serves children ages 4 – 17, and accepts Medicaid, NC Health Choice, Smart Start dental funds for qualifying children and self-pay clients. The site is used as a training facility for new dentists, assistants, and hygienists entering the dental profession.
- The North Carolina Oral Health Program conducted Seal Out 2003, a successful sealant promotion project partnership with a number of schools from the three-school system, the CVCC dental hygiene program, Western Piedmont Dental Assisting Program, 22 dentists, and their staff and community volunteers. They provided dental health education to students; children received free dental sealants, and placed sealants on primary and permanent molars.
- Cooperative Christian Ministries has a healthcare center that offers free dental services to low-income and eligible adults without insurance or Medicaid. The clinic is staffed part-time with volunteer dentists from the community.

Conclusions

- Catawba County’s average number of decayed, missing and filled primary teeth in kindergarten-aged children not only exceeds North Carolina’s average, but also is higher than the Healthy Carolinians 2010 objective.
- Catawba County’s percent of 5th graders with permanent teeth free of decay is higher than North Carolina’s average; however, it is still below the Healthy Carolinians 2010 objective.
- Catawba County’s percent of 5th graders with sealants is much higher than North Carolina’s percentage.
- The Community Health Assessment Survey results revealed that the lack of dental services for both children and adults is a high-ranking concern in the community.

Appendix A

Community Health Assessment Survey

Community Needs Assessment 2003 Survey

The Catawba County Health Department is conducting a community needs assessment. This survey will gather opinion information about the issues facing our community from people involved in business, health care, education, government, social services, religious, and volunteer organizations in our community. Your responses are important to us and will be compiled into a final report that will be available to you and others. The report also will be used by community organizations in strategic planning and allocation of available resources.

We ask that you review the following list of community issues. For each issue indicate:

*how serious you think the issue is in our community. (Rated on a scale of 1-5 with 1 being very serious and 5 being not serious at all).

*how adequately you feel the issue is being currently addressed by existing organizations and resources. (Rated on a scale of 1-5 with 1 being very adequately and 5 being very inadequately).

While it is recognized that all of the issues are potentially serious, please base your responses on your personal and professional observations. Seriousness should be judged by the consequences resulting from an issue not being adequately addressed. Space is provided for additional issue to be added.

Thank you for your time and participation.

Barry A. Blick
Health Director
Catawba County Health Department

Circle your responses based on:

How serious is each issue in our community?	very serious				not serious at all		no opinion	How adequately is each issue currently being addressed?	very adequate					very inadequate	no opinion
1. Alcoholism	1	2	3	4	5	8		1. Alcoholism	1	2	3	4	5	8	
2. Under-age drinking	1	2	3	4	5	8		2. Under-age drinking	1	2	3	4	5	8	
3. Driving under the influence (DUI/DWI)	1	2	3	4	5	8		3. Driving under the influence (DUI/DWI)	1	2	3	4	5	8	
4. Drug Abuse	1	2	3	4	5	8		4. Drug Abuse	1	2	3	4	5	8	
5. Tobacco Use	1	2	3	4	5	8		5. Tobacco Use	1	2	3	4	5	8	
6. Increase in senior citizen population over last 10 years	1	2	3	4	5	8		6. Increase in senior citizen population over last 10 years	1	2	3	4	5	8	
7. Growth in Hispanic population over last 10 years	1	2	3	4	5	8		7. Growth in Hispanic population over last 10 years	1	2	3	4	5	8	
8. Cultural insensitivity to Hispanic population	1	2	3	4	5	8		8. Cultural insensitivity to Hispanic population	1	2	3	4	5	8	
9. Language barriers, Spanish	1	2	3	4	5	8		9. Language barriers, Spanish	1	2	3	4	5	8	
10. Growth in Asian population over last 10 years	1	2	3	4	5	8		10. Growth in Asian population over last 10 years	1	2	3	4	5	8	
11. Cultural insensitivity to Asian population	1	2	3	4	5	8		11. Cultural insensitivity to Asian population	1	2	3	4	5	8	
12. Language barriers, Asian	1	2	3	4	5	8		12. Language barriers, Asian	1	2	3	4	5	8	
13. Racial bias/discrimination	1	2	3	4	5	8		13. Racial bias/discrimination	1	2	3	4	5	8	
14. Gender bias/discrimination	1	2	3	4	5	8		14. Gender bias/discrimination	1	2	3	4	5	8	
15. Education - overall quality of education	1	2	3	4	5	8		15. Education - overall quality of education	1	2	3	4	5	8	
16. Education - quality of college preparatory	1	2	3	4	5	8		16. Education - quality of college preparatory	1	2	3	4	5	8	
17. Illiteracy	1	2	3	4	5	8		17. Illiteracy	1	2	3	4	5	8	
18. School drop-out rate	1	2	3	4	5	8		18. School drop-out rate	1	2	3	4	5	8	
19. Robbery/burglary/theft	1	2	3	4	5	8		19. Robbery/burglary/theft	1	2	3	4	5	8	
20. Violent crimes (murder, rape)	1	2	3	4	5	8		20. Violent crimes (murder, rape)	1	2	3	4	5	8	
21. Lack of child daycare	1	2	3	4	5	8		21. Lack of child daycare	1	2	3	4	5	8	
22. Quality of daycare	1	2	3	4	5	8		22. Quality of daycare	1	2	3	4	5	8	
23. Teenage pregnancy	1	2	3	4	5	8		23. Teenage pregnancy	1	2	3	4	5	8	
24. Family violence - abuse of adults	1	2	3	4	5	8		24. Family violence - abuse of adults	1	2	3	4	5	8	
25. Family violence - abuse of children	1	2	3	4	5	8		25. Family violence - abuse of children	1	2	3	4	5	8	
26. Substandard housing	1	2	3	4	5	8		26. Substandard housing	1	2	3	4	5	8	
27. Lack of affordable housing	1	2	3	4	5	8		27. Lack of affordable housing	1	2	3	4	5	8	
28. Housing availability	1	2	3	4	5	8		28. Housing availability	1	2	3	4	5	8	
29. Access to dental care for children	1	2	3	4	5	8		29. Access to dental care for children	1	2	3	4	5	8	

How serious is each issue in our community?	very serious				not serious at all	no opinion	How adequately is each issue currently being addressed?	very adequate				very inadequate	no opinion
30. Access to dental care for adults	1	2	3	4	5	8	30. Access to dental care for adults	1	2	3	4	5	8
31. Quality of medical care	1	2	3	4	5	8	31. Quality of medical care	1	2	3	4	5	8
32. Shortage of doctors and medical facilities	1	2	3	4	5	8	32. Shortage of doctors and medical facilities	1	2	3	4	5	8
33. Inadequate health insurance coverage	1	2	3	4	5	8	33. Inadequate health insurance coverage	1	2	3	4	5	8
34. Quality of mental health services	1	2	3	4	5	8	34. Quality of mental health services	1	2	3	4	5	8
35. Lack of mental health services	1	2	3	4	5	8	35. Lack of mental health services	1	2	3	4	5	8
36. Lack of mental health facilities	1	2	3	4	5	8	36. Lack of mental health facilities	1	2	3	4	5	8
37. Quality of elder care programs and services	1	2	3	4	5	8	37. Quality of elder care programs and services	1	2	3	4	5	8
38. Lack of elder care programs and services	1	2	3	4	5	8	38. Lack of elder care programs and services	1	2	3	4	5	8
39. Malnutrition or hunger	1	2	3	4	5	8	39. Malnutrition or hunger	1	2	3	4	5	8
40. Homelessness	1	2	3	4	5	8	40. Homelessness	1	2	3	4	5	8
41. Water pollution	1	2	3	4	5	8	41. Water pollution	1	2	3	4	5	8
42. Access to clean water	1	2	3	4	5	8	42. Access to clean water	1	2	3	4	5	8
43. Air pollution	1	2	3	4	5	8	43. Air pollution	1	2	3	4	5	8
44. Lack of recreational facilities	1	2	3	4	5	8	44. Lack of recreational facilities	1	2	3	4	5	8
45. Insufficient open space	1	2	3	4	5	8	45. Insufficient open space	1	2	3	4	5	8
46. Overall population growth	1	2	3	4	5	8	46. Overall population growth	1	2	3	4	5	8
47. Lack of skilled workers	1	2	3	4	5	8	47. Lack of skilled workers	1	2	3	4	5	8
48. Unemployment-underemployment	1	2	3	4	5	8	48. Unemployment-underemployment	1	2	3	4	5	8
49. Lack of public transportation for access to jobs, medical facilities, and service facilities	1	2	3	4	5	8	49. Lack of public transportation for access to jobs, medical facilities, and service facilities	1	2	3	4	5	8
50. Ability to respond to biological terrorism	1	2	3	4	5	8	50. Ability to respond to biological terrorism	1	2	3	4	5	8
51. Deaths from Stroke	1	2	3	4	5	8	51. Deaths from Stroke	1	2	3	4	5	8
52. Deaths from Heart Disease	1	2	3	4	5	8	52. Deaths from Heart Disease	1	2	3	4	5	8
53. Deaths from Prostate Cancer	1	2	3	4	5	8	53. Deaths from Prostate Cancer	1	2	3	4	5	8
54. Deaths from Breast Cancer	1	2	3	4	5	8	54. Deaths from Breast Cancer	1	2	3	4	5	8
55. Deaths from Flu	1	2	3	4	5	8	55. Deaths from Flu	1	2	3	4	5	8
56. Occurrence of AIDS	1	2	3	4	5	8	56. Occurrence of AIDS	1	2	3	4	5	8

Please provide the following information for classification purposes only:

57. Identify the community you represent:

1. Business
2. Social Services
3. Volunteer
4. Education
5. Government
6. Religious/spiritual
7. Health Care
8. Other (*please specify*) _____

58. What is your Gender?

1. Male
2. Female

59. What is your Race? (please mark one)

1. Caucasian/White
2. African-American/Black
3. Hispanic
4. Asian or Pacific Islander
5. Native American
6. Other (*please specify*) _____

60. How long have you lived in this area?

1. Less than 1 year
2. 1-5 years
3. 6-10 years
4. 11-15 years
5. 16-20 years
6. More than 20 years

61. What is your age?

1. Under 25
2. 25 to 35
3. 36 to 50
4. 51 to 65
5. Over 65

Comments: _____

Thank you very much for your cooperation. Please return the completed survey to Cindi Bowman (Public Health) by August 22, 2003. Returning this survey implies consent to participate in the study. If you wish to receive a copy of the results, please contact the Catawba County Health Department, Administration, 828-695-5790.

Appendix B
Community Health Assessment Survey
Results (Primary Data)

Percentages Shown Include all Survey Results with an Opinion

How serious is each issue in our community? Results are presented in order of seriousness, with 1 being most serious and 5 being not serious at all	1	2	3	4	5	Average score
Unemployment-underemployment	73.4%	13.9%	8.3%	2.5%	1.9%	1.5
Growth in Hispanic population over last 10 years	53.8%	25.1%	13.8%	4.2%	3.1%	1.8
Under-age drinking	44.3%	27.2%	20.6%	6.1%	1.7%	1.9
Inadequate health insurance coverage	44.9%	25.5%	19.4%	6.4%	3.8%	2.0
Drug Abuse	39.3%	30.6%	22.7%	5.1%	2.4%	2.0
Tobacco Use	45.8%	23.9%	17.9%	8.3%	4.1%	2.0
Driving under the influence (DUI/DWI)	37.9%	30.2%	23.3%	6.1%	2.5%	2.1
Language barriers, Spanish	42.2%	27.2%	18.2%	7.5%	4.9%	2.1
Family violence - abuse of children	33.5%	30.5%	24.2%	9.0%	2.7%	2.2
Teenage pregnancy	30.4%	28.3%	29.6%	9.4%	2.3%	2.2
Alcoholism	30.3%	26.5%	32.4%	8.5%	2.2%	2.3
Growth in Asian population over last 10 years	32.5%	26.2%	28.1%	8.6%	4.7%	2.3
Deaths from Heart Disease	29.5%	26.1%	32.5%	8.6%	3.2%	2.3
Language barriers, Asian	33.7%	23.4%	23.7%	12.9%	6.2%	2.3
Ability to respond to biological terrorism	33.4%	22.3%	25.7%	11.4%	7.1%	2.4
Access to dental care for children	33.7%	20.7%	25.8%	13.0%	6.9%	2.4
Robbery/burglary/theft	27.8%	24.9%	30.2%	14.4%	2.7%	2.4
Deaths from Breast Cancer	25.0%	26.2%	34.7%	11.7%	2.4%	2.4
Lack of public transportation for access to jobs, medical facilities, and service facilities	31.5%	20.4%	28.8%	12.6%	6.8%	2.4
Deaths from Stroke	24.0%	25.4%	35.7%	11.3%	3.4%	2.4
Family violence - abuse of adults	25.0%	25.3%	31.7%	14.4%	3.7%	2.5
Air pollution	28.7%	20.5%	27.4%	17.1%	6.3%	2.5
Lack of affordable housing	26.2%	23.0%	30.8%	12.6%	7.5%	2.5
School drop-out rate	23.5%	23.5%	32.1%	17.0%	4.0%	2.5
Overall population growth	25.8%	22.4%	29.8%	13.7%	8.3%	2.6
Cultural insensitivity to Hispanic population	27.5%	22.0%	26.9%	13.6%	10.0%	2.6
Lack of elder care programs and services	21.5%	24.2%	34.7%	13.9%	5.7%	2.6
Education - overall quality of education	22.9%	24.5%	29.8%	15.4%	7.5%	2.6
Increase in senior citizen population over last 10 years	19.3%	29.3%	31.2%	11.8%	8.4%	2.6
Illiteracy	22.9%	21.9%	32.2%	17.5%	5.6%	2.6
Access to dental care for adults	25.8%	19.4%	31.3%	13.6%	9.9%	2.6
Deaths from Prostate Cancer	19.4%	22.1%	39.6%	14.6%	4.4%	2.6
Occurrence of AIDS	23.5%	20.6%	31.2%	19.2%	5.5%	2.6
Quality of elder care programs and services	20.8%	23.0%	35.2%	15.1%	6.0%	2.6
Quality of mental health services	22.2%	20.8%	34.4%	15.2%	7.4%	2.6
Violent crimes (murder, rape)	24.5%	20.1%	27.7%	20.6%	7.1%	2.7
Education - quality of college preparatory	21.1%	23.8%	28.5%	17.1%	9.5%	2.7
Quality of daycare	22.7%	21.1%	29.5%	16.3%	10.4%	2.7
Lack of mental health services	22.8%	19.0%	32.5%	15.9%	9.8%	2.7

How serious is each issue in our community? Results are presented in order of seriousness, with 1 being most serious and 5 being not serious at all	1	2	3	4	5	Average score
Cultural insensitivity to Asian population	20.0%	22.8%	31.8%	15.5%	10.0%	2.7
Water pollution	22.4%	19.0%	28.9%	18.9%	10.8%	2.8
Substandard housing	16.5%	21.8%	37.3%	17.2%	7.2%	2.8
Lack of mental health facilities	19.9%	21.0%	32.5%	15.2%	11.3%	2.8
Racial bias/discrimination	19.7%	19.0%	33.0%	19.3%	9.0%	2.8
Quality of medical care	21.4%	19.6%	29.2%	17.8%	12.1%	2.8
Lack of skilled workers	18.9%	17.5%	33.4%	15.6%	14.6%	2.9
Homelessness	14.5%	16.6%	36.0%	22.8%	10.1%	3.0
Malnutrition or hunger	14.3%	16.4%	37.7%	20.4%	11.3%	3.0
Lack of child daycare	17.8%	15.1%	32.6%	19.1%	15.5%	3.0
Housing availability	13.3%	18.5%	33.9%	18.3%	16.0%	3.1
Access to clean water	18.7%	12.1%	27.6%	23.4%	18.2%	3.1
Lack of recreational facilities	14.2%	15.4%	29.4%	20.4%	20.6%	3.2
Gender bias/discrimination	10.5%	14.7%	33.4%	22.0%	19.3%	3.2
Insufficient open space	12.2%	12.7%	32.3%	22.3%	20.5%	3.3
Shortage of doctors and medical facilities	13.0%	13.0%	29.3%	22.1%	22.6%	3.3
Deaths from Flu	12.6%	10.0%	32.7%	25.8%	19.0%	3.3

Percentages Shown Include all Survey Results with an Opinion

How adequately is each issue currently being addressed? The results are presented in order of adequateness, with 1 being very adequate and 5 being very inadequate	1	2	3	4	5	Average score
Unemployment-underemployment	9.8%	5.2%	17.2%	22.0%	45.7%	3.9
Inadequate health insurance coverage	7.7%	5.8%	29.2%	24.2%	33.1%	3.7
Lack of public transportation for access to jobs, medical facilities, and service facilities	7.1%	10.3%	35.5%	22.0%	25.2%	3.5
Tobacco Use	9.3%	12.4%	30.6%	21.2%	26.6%	3.4
Under-age drinking	8.6%	9.6%	36.9%	25.4%	19.6%	3.4
Lack of affordable housing	6.1%	13.7%	37.8%	21.7%	20.6%	3.4
Growth in Hispanic population over last 10 years	10.8%	12.2%	30.0%	25.9%	21.1%	3.3
Language barriers, Asian	9.8%	10.7%	35.0%	25.2%	19.3%	3.3
Access to dental care for adults	8.5%	12.2%	36.6%	23.9%	18.9%	3.3
Language barriers, Spanish	11.3%	13.2%	29.5%	26.5%	19.5%	3.3
Drug Abuse	8.9%	14.0%	34.7%	23.7%	18.7%	3.3
Lack of elder care programs and services	8.6%	9.9%	41.3%	24.2%	16.0%	3.3
Access to dental care for children	9.1%	16.6%	32.2%	20.8%	21.3%	3.3
Ability to respond to biological terrorism	9.8%	14.0%	34.4%	21.9%	20.0%	3.3
Cultural insensitivity to Hispanic population	10.8%	12.9%	32.3%	25.8%	18.2%	3.3
Air pollution	8.7%	15.1%	34.9%	23.6%	17.6%	3.3
Substandard housing	4.3%	15.1%	44.6%	22.4%	13.6%	3.3

How adequately is each issue currently being addressed? The results are presented in order of adequateness, with 1 being very adequate and 5 being very inadequate	1	2	3	4	5	Average score
Overall population growth	9.9%	14.9%	32.4%	26.3%	16.5%	3.2
Teenage pregnancy	8.2%	15.8%	36.0%	23.3%	16.6%	3.2
Increase in senior citizen population over last 10 years	7.0%	14.8%	40.4%	23.5%	14.2%	3.2
Growth in Asian population over last 10 years	9.7%	12.9%	38.4%	23.2%	15.8%	3.2
Family violence - abuse of adults	7.9%	13.8%	41.0%	23.8%	13.4%	3.2
Alcoholism	7.7%	13.0%	44.9%	19.4%	15.0%	3.2
Lack of mental health services	10.1%	12.6%	40.3%	21.0%	15.9%	3.2
Lack of skilled workers	10.4%	13.2%	37.8%	23.4%	15.2%	3.2
Cultural insensitivity to Asian population	9.5%	12.3%	40.5%	24.1%	13.5%	3.2
Family violence - abuse of children	9.9%	15.2%	35.1%	25.2%	14.7%	3.2
Racial bias/discrimination	10.3%	14.2%	38.2%	21.1%	16.3%	3.2
Driving under the influence (DUI/DWI)	10.9%	14.4%	36.1%	22.8%	15.7%	3.2
Robbery/burglary/theft	8.5%	16.2%	38.9%	23.2%	13.1%	3.2
Homelessness	9.0%	14.1%	39.4%	26.7%	10.7%	3.2
School drop-out rate	9.9%	17.7%	34.6%	22.5%	15.2%	3.2
Lack of mental health facilities	11.4%	12.0%	40.4%	22.5%	13.7%	3.2
Quality of elder care programs and services	9.4%	13.9%	40.2%	25.2%	11.3%	3.2
Illiteracy	8.4%	17.7%	38.2%	21.6%	14.0%	3.2
Housing availability	9.9%	13.0%	43.0%	21.2%	12.8%	3.1
Quality of mental health services	10.8%	13.9%	40.5%	20.2%	14.6%	3.1
Gender bias/discrimination	11.0%	15.6%	40.4%	20.1%	12.9%	3.1
Water pollution	12.5%	16.2%	36.2%	21.3%	13.8%	3.1
Lack of child daycare	11.5%	17.3%	37.7%	20.8%	12.8%	3.1
Quality of daycare	11.4%	17.8%	38.2%	21.1%	11.5%	3.0
Violent crimes (murder, rape)	10.0%	19.5%	39.6%	20.2%	10.6%	3.0
Occurrence of AIDS	9.9%	18.8%	40.0%	22.5%	8.9%	3.0
Deaths from Stroke	10.7%	14.4%	46.2%	20.5%	8.3%	3.0
Deaths from Heart Disease	11.4%	16.2%	42.9%	19.8%	9.7%	3.0
Insufficient open space	15.7%	14.1%	37.6%	19.5%	13.1%	3.0
Deaths from Prostate Cancer	10.4%	16.1%	46.6%	19.4%	7.5%	3.0
Lack of recreational facilities	17.3%	16.8%	31.7%	21.4%	12.8%	3.0
Malnutrition or hunger	12.2%	18.0%	42.7%	19.7%	7.3%	2.9
Deaths from Breast Cancer	11.7%	19.3%	42.3%	19.3%	7.3%	2.9
Quality of medical care	15.5%	18.6%	37.4%	18.3%	10.2%	2.9
Deaths from Flu	13.1%	20.2%	40.0%	20.0%	6.7%	2.9
Education - quality of college preparatory	12.6%	26.7%	33.8%	16.7%	10.2%	2.9
Access to clean water	18.4%	19.2%	34.4%	18.2%	9.8%	2.8
Education - overall quality of education	15.3%	24.6%	35.6%	14.8%	9.7%	2.8
Shortage of doctors and medical facilities	18.2%	17.8%	39.8%	17.1%	7.2%	2.8

Appendix C

Catawba County 2003 Report Card (Secondary Data)

PUBLIC HEALTH REPORT CARD
FOR CATAWBA COUNTY
2003

INDICATOR	NORTH CAROLINA	CATAWBA COUNTY	2010 OBJECTIVE
DEMOGRAPHICS			
2000 Census			
Population	8,049,313	141,685	
Percent Female	51.0%	50.7%	
Percent Male	49.0%	49.3%	
Percent Under 5 yrs old	6.7%	6.5%	
Percent Under 18 yrs old	24.4%	24.3%	
Percent 65 yrs old and over	12.0%	12.3%	
Percent White	72.1%	85.0%	
Percent Black/African American	21.6%	8.4%	
Percent Asian	1.4%	2.9%	
Percent Hispanic/Latino	4.7%	5.6%	
Population per square miles	165.2	354.2	
INFANT MORTALITY			
SCHS 1997- 2001			
Neonatal Mortality (Deaths under 28 days per 1,000 live births)			
White Population	4.6	5.5	
Minority Population	10.8	8.1	
Total Population	6.4	5.9	5.9
Infant Mortality (Deaths under 1 year per 1,000 live births)			
White Population	6.5	6.8	
Minority Population	15.0	14.1	
Total Population	8.9	7.9	7.4
Infant Mortality (Deaths under 1 year per 1,000 live births)			
Black Population	16.0	20.1	
Percent Low Birth Weight (% of live births weighing less than 5lbs 8oz)			
White Population	7.2%	7.8%	
Minority Population	13.1%	12.3%	
Total Population	8.9%	8.5%	7.0%
Percent Prenatal Care Initiated in 1st Trimester			
Black/African American	74.7%	72.7%	
Total Population	84.0%	81.5%	90.0%
Percent Pregnant Women Who Smoke	14.4%	15.5%	7.0%

SCHS- State Center for Health Statistics

INDICATOR	NORTH CAROLINA	CATAWBA COUNTY	2010 OBJECTIVE
SEXUALLY TRANSMITTED DISEASES(STD'S)			
SCHS 1997- 2001 - New Cases per 100,000 population			
Gonorrhea			
Minority Population	754.8	459.6	
Total Population	227.5	94.0	191.0
Syphilis (Primary and Secondary)			
Minority Population	22.9	32.9	
Total Population	7.2	4.7	0.25
AIDS	9.4	4.6	14.7
COMMUNICABLE DISEASES			
SCHS 1996-2000 - New Cases per 100,000 population			
Hepatitis A	2.2	1.2	
Hepatitis B	3.4	1.6	
Salmonellosis	16.6	8.3	
Tuberculosis	6.3	3.8	
Whooping Cough	1.7	2.6	
MOTOR VEHICLE CRASHES			
1999-2001 SCHS - Deaths per 100,000 population (age specific)			
Under 20 years of age	11.8	16.6	
20 to 39 years of age	25.0	25.8	
Total Population	19.7	20.6	15.8
VIOLENCE			
1999-2001 SCHS - Deaths per 100,000 population (age specific)			
Homicide	7.8	5.6	5.0
Suicide	11.6	16.4	8.0
ORAL HEALTH			
2000-2001 SCHS Oral Health Section			
Average Number of Decayed, Missing and Filled Primary Teeth (dmft) in Kindergarten	1.4	1.5	*1.3
Percent of 5th graders - permanent teeth free of decay	80.0%	82.0%	87.0%
Percent of 5th graders with sealants	37.0%	47.9%	
PNEUMONIA/FLU DEATHS			
1999-2001 SCHS - Deaths per 100,000 population			
65-84 Years of age	90.5	131.8	
Over the age of 85	770.0	1182.2	
Total Population	23.1	33.0	

SCHS- State Center for Health Statistics

* Goal is measured for Preschool;
Reported results are for Kindergartners

INDICATOR	NORTH CAROLINA	CATAWBA COUNTY	2010 OBJECTIVE
HEART DISEASE/STROKE			
1999-2001 SCHS - Deaths per 100,000 population (age adjusted)			
Heart Disease			
White	242.5	238.9	
Females	192.7	195.5	
Males	309.5	294.4	
Minority Population	280.0	231.6	
Females	233.9	190.3	
Males	348.5	308.3	
Total Population	246.00**	235.9**	219.8
Stroke			
White Population	69.3	72.5	
Females	67.9	67.6	
Males	69.3	82.0	
Minority Population	91.2	77.0	
Females	82.8	75.0	
Males	103.9	119.2	
Total Population	73.6	73.3	61.0
DIABETES			
1999-2001 SCHS - Deaths per 100,000 population (age adjusted)			
Diabetes (Primary and Secondary)	97.0	93.8	67.4
Diabetes (Primary Only)			
White Population	21.1	20.9	
Females	18.7	12.9	
Males	24.0	33.4	
Minority Population	52.0	61.7	
Females	51.6	54.7	
Males	51.9	81.8	
Total Population	26.5**	23.8	
CANCER			
1999-2001 SCHS - Deaths per 100,000 population (age adjusted)			
Total Cancer Deaths	198.2**	204.9**	166.2
Prostate Cancer (Male)			
White Population	26.3	27.4	
Minority Population	68.4	89.1	
Total Population	33.9	31.3	
Breast Cancer (Female)			
White Population	23.3	25.5	
Minority Population	31.2	9.1	
Total Population	25.3	24.5	22.6

SCHS- State Center for Health Statistics

** revised rates based on population standard revision since original publication of other data by SCHS

INDICATOR	NORTH CAROLINA	CATAWBA COUNTY	2010 OBJECTIVE
ASTHMA			
1999-2001 SCHS - Hospitalizations per 100,000 population			
Asthma Hospitalizations			
0 to 14 years of age	203.0	130.6	
Total Population	127.0	68.9	118.0
LEAD SCREENING			
Percent of Children ages 12-36 months Screened for Lead (1995-2000 SCHS)	26.6%	32.5%	
Percent of Children w/elevated Blood Lead Levels \geq ug/dl (1998 SCHS)	4.0%	2.1%	
IMMUNIZATIONS			
Percent of Kindergartners in Compliance (SY2000-2001 NCDHHS)	99.2%	98.6%	99%***
HEALTH CARE ACCESS			
Dentist (1999) Cecil G. Sheps Center (UNC-CH) per 10,000 population	4.0	3.9	
Physician (2000) Cecil G. Sheps Center (UNC-CH) per 10,000 population	19.8	22.9	
Primary Care Physician (2000) Cecil G. Sheps Center (UNC-CH) per 10,000 population	8.3	9.3	
Kindergarten Health Assessment (2000-2001 SCHS)	97.8%	99.7%	
Percent of Medicaid eligible children ages 0-21 who received Health Check Preventative Services 2000-2001 SCHS -Age Specific	68.5%	69.0%	
2000-2001 Percent of Medicaid eligible children ages 4-18 who received Dental Care at Catawba County Health Department		15.6%	
TEEN PREGNANCY RATES			
2002 SCHS - per 1,000 population (15-19 years old)			
White Pregnancy Rate	53.6	61.0	
Minority Pregnancy Rate	87.3	92.0	
Total Pregnancy Rate	64.1	66.1	

SY- School Year

SCHS- State Center for Health Statistics

ug/dl- microgram per deciliter

*** Goal is measured for Kindergarten-First Grade; Reported results are for Kindergartners only